

3. If a transplant recipient is found to be infected with HIV, the transplant center or health-care provider should, consistent with state law, immediately notify the state health department and the organization from which the tissue was obtained. HIV infection in a solid-organ recipient should also be reported to the Scientific Registry for Transplant Recipients.

Recall of Stored Tissue and Tracking of Recipients of Organs/Tissue from HIV-Infected Donors

1. Upon being notified that an organ/tissue recipient is infected with HIV, the organ/tissue collection center, in collaboration with the state or local health department and with assistance from CDC, is responsible for determining as soon as possible whether the donor was HIV-infected. This is done by determining the HIV-infection status of other recipients of organs/tissues (particularly those recipients of organs and fresh-frozen bone) and by laboratory testing of stored donor material. Experimental diagnostic laboratory assays such as PCR may be useful in these situations and should be used when they become available.
2. If evidence suggests HIV infection in the donor either from testing of stored donor specimens or by finding HIV infection in other recipients, all other recipients of that donor's tissue or organs should be notified through their transplanting physician and informed of the likelihood of HIV exposure and advised to undergo HIV testing.
3. HIV-infected recipients should be counseled about their need for medical evaluation and about prevention of HIV transmission to others. They should also be advised to inform their sex or needle-sharing partners of their potential risk and need for HIV counseling and testing. HIV-infected women should be informed of the risk of transmission of HIV to their children born after the transplant and be advised to have these children evaluated and to avoid breast-feeding. Pregnant women should receive pregnancy counseling about HIV.
4. All stored organs/tissues from a donor found to be HIV-infected should be retrieved and quarantined immediately and either used only for research purposes or destroyed, except when the transplantation of an indispensable organ/tissue is necessary to save the patient's life.

[61 FR 19745, May 2, 1996]

PART 488—SURVEY, CERTIFICATION, AND ENFORCEMENT PROCEDURES

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AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1895hh).

SOURCE: At 53 FR 22859, June 17, 1988, unless otherwise noted.

Subpart A—General Provisions

§ 488.1 Definitions.

As used in this part—

Accredited provider or supplier means a provider or supplier that has voluntarily applied for and has been accredited by a national accreditation program meeting the requirements of and approved by HCFA in accordance with § 488.5 or § 488.6.

Act means the Social Security Act.

AOA stands for the American Osteopathic Association.

Certification is a recommendation made by the State survey agency on the compliance of providers and suppliers with the conditions of participation, requirements (for SNFs and NFs), and conditions of coverage.

Conditions for coverage means the requirements suppliers must meet to participate in the Medicare program.

Conditions of participation means the requirements providers other than skilled nursing facilities must meet to participate in the Medicare program and includes conditions of certification for rural health clinics.

Full review means a survey of a hospital for compliance with all conditions of participation for hospitals.

JCAHO stands for the Joint Commission on Accreditation of Healthcare Organizations.

Medicare condition means any condition of participation or for coverage, including any long term care requirements.

Provider of services or *provider* means a hospital, rural primary care hospital, skilled nursing facility, nursing facility, home health agency, hospice, comprehensive outpatient rehabilitation facility, or provider of outpatient physical therapy or speech pathology services.

Rate of disparity means the percentage of all sample validation surveys for which a State survey agency finds noncompliance with one or more Medicare conditions and no comparable condition level deficiency was cited by the accreditation organization, where it is reasonable to conclude that the deficiencies were present at the time of the accreditation organization's most recent surveys of providers or suppliers of the same type.

Example: Assume that during a validation review period State survey agencies perform validation surveys at 200 facilities of the same type (for ex-

ample, ambulatory surgical centers, home health agencies) accredited by the same accreditation organization. The State survey agencies find 60 of the facilities out of compliance with one or more Medicare conditions, and it is reasonable to conclude that these deficiencies were present at the time of the most recent survey by an accreditation organization. The accreditation organization, however, has found deficiencies comparable to the condition level deficiencies at only 22 of the 60 facilities. These validation results would yield $((60-22)/200)$ a rate of disparity of 19 percent.

Reasonable assurance means that an accreditation organization has demonstrated to HCFA's satisfaction that its requirements, taken as a whole, are at least as stringent as those established by HCFA, taken as a whole.

State includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, and American Samoa.

State survey agency means the State health agency or other appropriate State or local agency used by HCFA to perform survey and review functions for Medicare.

Substantial allegation of noncompliance means a complaint from any of a variety of sources (including complaints submitted in person, by telephone, through written correspondence, or in newspaper or magazine articles) that, if substantiated, would affect the health and safety of patients and raises doubts as to a provider's or supplier's noncompliance with any Medicare condition.

Supplier means any of the following: Independent laboratory; portable X-ray services physical therapist in independent practice; ESRD facility; rural health clinic; Federally qualified health center; or chiropractor.

Validation review period means the one year period during which HCFA conducts a review of the validation surveys and evaluates the results of the most recent surveys performed by the accreditation organization.

[53 FR 22859, June 17, 1988, as amended at 54 FR 5373, Feb. 2, 1989; 56 FR 48879, Sept. 26, 1991; 57 FR 24982, June 12, 1992; 58 FR 30676, May 26, 1993; 58 FR 61838, Nov. 23, 1993]

§ 488.2 Statutory basis.

This part is based on the indicated provisions of the following sections of the Act:

- 1128—Exclusion of entities from participation in Medicare.
- 1128A—Civil money penalties.
- 1814—Conditions for, and limitations on, payment for Part A services.
- 1819—Requirements for SNFs.
- 1861(f)—Requirements for psychiatric hospitals.
- 1861(z)—Institutional planning standards that hospitals and SNFs must meet.
- 1861(ee)—Discharge planning guidelines for hospitals.
- 1864—Use of State survey agencies.
- 1865—Effect of accreditation.
- 1880—Requirements for hospitals and SNFs of the Indian Health Service.
- 1883—Requirements for hospitals that provide SNF care.
- 1902—Requirements for participation in the Medicaid program.
- 1913—Medicaid requirements for hospitals that provide NF care.
- 1919—Medicaid requirements for NFs.

[60 FR 50443, Sept. 29, 1995]

§ 488.3 Conditions of participation; conditions for coverage; and long-term care requirements.

(a) *Basic rules.* In order to be approved for participation in or coverage under the Medicare program, a prospective provider or supplier must:

- (1) Meet the applicable statutory definition in section 1138(b), 1819, 1832(a)(2)(F), 1861, 1881, or 1919 of the Act; and
- (2) Be in compliance with the applicable conditions or long-term care requirements prescribed in subpart N, Q or U of part 405, part 416, subpart C of part 418, part 482, part 483, part 484, part 485, subpart A of part 491, or part 494 of this chapter.

(b) *Special Conditions.* (1) The Secretary, after consultation with the JCAHO or AOA, may issue conditions of participation for hospitals higher or more precise than those of either those accrediting bodies.

(2) The Secretary may, at a State's request, approve health and safety requirements for providers and suppliers in that State, which are higher than those otherwise applied in the Medicare program.

(3) If a State or political subdivision imposes higher requirements on insti-

tutions as a condition for the purchase of health services under a State Medicaid Plan approved under Title XIX of the Act, (or if Guam, Puerto Rico, or the Virgin Islands does so under a State plan for Old Age Assistance under Title I of the Act, or for Aid to the Aged, Blind, and Disabled under the original Title XVI of the Act), the Secretary is required to impose similar requirements as a condition for payment under Medicare in that State or political subdivision.

[53 FR 22859, June 17, 1988, as amended at 58 FR 61838, Nov. 23, 1993]

§ 488.4 Application and reapplication procedures for accreditation organizations.

(a) A national accreditation organization applying for approval of deeming authority for Medicare requirements under § 488.5 or 488.6 of this subpart must furnish to HCFA the information and materials specified in paragraphs (a)(1) through (10) of this section. A national accreditation organization reapplying for approval must furnish to HCFA whatever information and materials from paragraphs (a)(1) through (10) of this section that HCFA requests. The materials and information are—

- (1) The types of providers and suppliers for which the organization is requesting approval;
- (2) A detailed comparison of the organization's accreditation requirements and standards with the applicable Medicare requirements (for example, a crosswalk);
- (3) A detailed description of the organization's survey process, including—
 - (i) Frequency of the surveys performed;
 - (ii) Copies of the organization's survey forms, guidelines and instructions to surveyors;
 - (iii) Accreditation survey review process and the accreditation status decision-making process;
 - (iv) Procedures used to notify accredited facilities of deficiencies and the procedures used to monitor the correction of deficiencies in accredited facilities; and
 - (v) Whether surveys are announced or unannounced;

(4) Detailed information about the individuals who perform surveys for the accreditation organization, including—

(i) The size and composition of accreditation survey teams for each type of provider and supplier accredited;

(ii) The education and experience requirements surveyors must meet;

(iii) The content and frequency of the in-service training provided to survey personnel;

(iv) The evaluation systems used to monitor the performance of individual surveyors and survey teams; and

(v) Policies and procedures with respect to an individual's participation in the survey or accreditation decision process of any facility with which the individual is professionally or financially affiliated;

(5) A description of the organization's data management and analysis system with respect to its surveys and accreditation decisions, including the kinds of reports, tables, and other displays generated by that system;

(6) The organization's procedures for responding to and for the investigation of complaints against accredited facilities, including policies and procedures regarding coordination of these activities with appropriate licensing bodies and ombudsmen programs;

(7) The organization's policies and procedures with respect to the withholding or removal of accreditation status for facilities that fail to meet the accreditation organization's standards or requirements, and other actions taken by the organization in response to noncompliance with its standards and requirements;

(8) A description of all types (for example, full, partial, type of facility, etc.) and categories (provisional, conditional, temporary, etc.) of accreditation offered by the organization, the duration of each type and category of accreditation and a statement specifying the types and categories of accreditation for which approval of deeming authority is sought;

(9) A list of all currently accredited facilities, the type and category of accreditation currently held by each facility, and the expiration date of each facility's current accreditation; and

(10) A list of all full and partial accreditation surveys scheduled to be performed by the organization.

(b) The accreditation organization must also submit the following supporting documentation—

(1) A written presentation that demonstrates the organization's ability to furnish HCFA with electronic data in ASCII comparable code;

(2) A resource analysis that demonstrates that the organization's staffing, funding and other resources are adequate to perform the required surveys and related activities; and

(3) A statement acknowledging that as a condition for approval of deeming authority, the organization will agree to—

(i) Notify HCFA in writing of any facility that has had its accreditation revoked, withdrawn, or revised, or that has had any other remedial or adverse action taken against it by the accreditation organization within 30 days of any such action taken;

(ii) Notify all accredited facilities within 10 days of HCFA's withdrawal of the organization's approval of deeming authority;

(iii) Notify HCFA in writing at least 30 days in advance of the effective date of any proposed changes in accreditation requirements;

(iv) Within 30 days of a change in HCFA requirements, submit to HCFA an acknowledgement of HCFA's notification of the change as well as a revised crosswalk reflecting the new requirements and inform HCFA about how the organization plans to alter its requirements to conform to HCFA's new requirements;

(v) Permit its surveyors to serve as witnesses if HCFA takes an adverse action based on accreditation findings;

(vi) [Reserved]

(vii) Notify HCFA in writing within ten days of a deficiency identified in any accreditation entity where the deficiency poses an immediate jeopardy to the entity's patients or residents or a hazard to the general public; and

(viii) Conform accreditation requirements to changes in Medicare requirements.

(c) If HCFA determines that additional information is necessary to make a determination for approval or

denial of the accreditation organization's application for deeming authority, the organization will be notified and afforded an opportunity to provide the additional information.

(d) HCFA may visit the organization's offices to verify representations made by the organization in its application, including, but not limited to, review of documents and interviews with the organization's staff.

(e) The accreditation organization will receive a formal notice from HCFA stating whether the request for deeming authority has been approved or denied, the rationale for any denial, and reconsideration and reapplication procedures.

(f) An accreditation organization may withdraw its application for approval of deeming authority at any time before the formal notice provided for in paragraph (e) of this section is received.

(g) Except as provided in paragraph (i) of this section, an accreditation organization that has been notified that its request for deeming authority has been denied may request a reconsideration of that determination in accordance with subpart D of this part.

(h) Except as provided in paragraph (i) of this section, any accreditation organization whose request for approval of deeming authority has been denied may resubmit its application if the organization—

(1) Has revised its accreditation program to address the rationale for denial of its previous request;

(2) Can demonstrate that it can provide reasonable assurance that its accredited facilities meet applicable Medicare requirements; and

(3) Resubmits the application in its entirety.

(i) If an accreditation organization has requested, in accordance with part 488, subpart D of this chapter, a reconsideration of HCFA's determination that its request for deeming approval is denied, it may not submit a new application for deeming authority for the type of provider or supplier that is at issue in the reconsideration until the reconsideration is administratively final.

[58 FR 61838, Nov. 23, 1993]

§ 488.5 Effect of JCAHO or AOA accreditation of hospitals.

(a) *Deemed to meet.* Institutions accredited as hospitals by the JCAHO or AOA are deemed to meet all of the Medicare conditions of participation for hospitals, except—

(1) The requirement for utilization review as specified in section 1861(e)(6) of the Act and in § 482.30 of this chapter;

(2) The additional special staffing and medical records requirements that are considered necessary for the provision of active treatment in psychiatric hospitals (section 1861(f) of the Act) and implementing regulations; and

(3) Any requirements under section 1861(e) of the Act and implementing regulations that HCFA, after consulting with JCAHO or AOA, identifies as being higher or more precise than the requirements for accreditation (section 1865(a)(4) of the Act).

(b) *Deemed status for providers and suppliers that participate in the Medicaid program.* Eligibility for Medicaid participation can be established through Medicare deemed status for providers and suppliers that are not required under Medicaid regulations to comply with any requirements other than Medicare participation requirements for that provider or supplier type.

(c) *Release and use of hospital accreditation surveys.*

(1) A hospital deemed to meet program requirements must authorize its accreditation organization to release to HCFA and the State survey agency a copy of its most current accreditation survey together with any other information related to the survey that HCFA may require (including corrective action plans).

(2) HCFA may use a validation survey, an accreditation survey or other information related to the survey to determine that a hospital does not meet the Medicare conditions of participation.

(3) HCFA may disclose the survey and information related to the survey to the extent that the accreditation survey and related survey information are related to an enforcement action taken by HCFA.

[58 FR 61840, Nov. 23, 1993]

§ 488.6 Other national accreditation programs for hospitals and other providers and suppliers.

(a) In accordance with the requirements of this subpart, a national accreditation program for hospitals; psychiatric hospitals; SNFs; HHAs; ASCs; RHCs; CORFs; hospices; screening mammography services; rural primary care hospitals; or clinic, rehabilitation agency, or public health agency providers of outpatient physical therapy, occupational therapy or speech pathology services may provide reasonable assurance to HCFA that it requires the providers or suppliers it accredits to meet requirements that are at least as stringent as the Medicare conditions when taken as a whole. In such a case, HCFA may deem the providers or suppliers the program accredits to be in compliance with the appropriate Medicare conditions. These providers and suppliers are subject to validation surveys under § 488.7 of this subpart. HCFA will publish notices in the FEDERAL REGISTER in accordance with § 488.8(b) identifying the programs and deeming authority of any national accreditation program and the providers or suppliers it accredits. The notice will describe how the accreditation organization's accreditation program provides reasonable assurance that entities accredited by the organization meet Medicare requirements. (See § 488.5 for requirements concerning hospitals accredited by JCAHO or AOA.)

(b) Eligibility for Medicaid participation can be established through Medicare deemed status for providers and suppliers that are not required under Medicaid regulations to comply with any requirements other than Medicare participation requirements for that provider or supplier type.

(c)(1) A provider or supplier deemed to meet program requirements under paragraph (a) of this section must authorize its accreditation organization to release to HCFA and the State survey agency a copy of its most current accreditation survey, together with any information related to the survey that HCFA may require (including corrective action plans).

(2) HCFA may determine that a provider or supplier does not meet the Medicare conditions on the basis of its

own investigation of the accreditation survey or any other information related to the survey.

(3) Upon written request, HCFA may disclose the survey and information related to the survey—

(i) Of any HHA; or

(ii) Of any other provider or supplier specified at paragraph (a) of this section if the accreditation survey and related survey information relate to an enforcement action taken by HCFA.

[58 FR 61840, Nov. 23, 1993]

§ 488.7 Validation survey.

(a) *Basis for survey.* HCFA may require a survey of an accredited provider or supplier to validate its organization's accreditation process. These surveys will be conducted on a representative sample basis, or in response to substantial allegations of non-compliance.

(1) When conducted on a representative sample basis, the survey is comprehensive and addresses all Medicare conditions or is focused on a specific condition or conditions.

(2) When conducted in response to a substantial allegation, the State survey agency surveys for any condition that HCFA determines is related to the allegations.

(3) If the State survey agency substantiates a deficiency and HCFA determines that the provider or supplier is out of compliance with any Medicare condition, the State survey agency conducts a full Medicare survey.

(b) *Effect of selection for survey.* A provider or supplier selected for a validation survey must—

(1) Authorize the validation survey to take place; and

(2) Authorize the State survey agency to monitor the correction of any deficiencies found through the validation survey.

(c) *Refusal to cooperate with survey.* If a provider or supplier selected for a validation survey fails to comply with the requirements specified in paragraph (b) of this section, it will no longer be deemed to meet the Medicare conditions but will be subject to full review by the State survey agency in accordance with § 488.11 and may be subject to termination of its provider

agreement under § 489.53 of this chapter.

(d) *Consequences of finding of non-compliance.* If a validation survey results in a finding that the provider or supplier is out of compliance with one or more Medicare conditions, the provider or supplier will no longer be deemed to meet any Medicare conditions. Specifically, the provider or supplier will be subject to the participation and enforcement requirements applied to all providers or suppliers that are found out of compliance following a State agency survey under § 488.24 and to full review by a State agency survey in accordance with § 488.11 and may be subject to termination of the provider agreement under § 439.53 of this chapter and any other applicable intermediate sanctions and remedies.

(e) *Reinstating effect of accreditation.* An accredited provider or supplier will again be deemed to meet the Medicare conditions in accordance with this section if—

(1) It withdraws any prior refusal to authorize its accreditation organization to release a copy of the provider's or supplier's current accreditation survey;

(2) It withdraws any prior refusal to allow a validation survey; and

(3) HCFA finds that the provider or supplier meets all the applicable Medicare conditions. If HCFA finds that an accredited facility meets the Life Safety Code Standard by virtue of a plan of correction, the State survey agency will continue to monitor the facility until it is in compliance with the Life Safety Code Standard.

[58 FR 61840, Nov. 23, 1993]

§ 488.8 Federal review of accreditation organizations.

(a) *Review and approval of national accreditation organization.* HCFA's review and evaluation of a national accreditation organization will be conducted in accordance with, but will not necessarily be limited to, the following general criteria—

(1) The equivalency of an accreditation organization's accreditation requirements of an entity to the comparable HCFA requirements for the entity;

(2) The organization's survey process to determine—

(i) The composition of the survey team, surveyor qualifications, and the ability of the organization to provide continuing surveyor training;

(ii) The comparability of survey procedures to those of State survey agencies, including survey frequency, and the ability to investigate and respond appropriately to complaints against accredited facilities;

(iii) The organization's procedures for monitoring providers or suppliers found by the organization to be out of compliance with program requirements. These monitoring procedures are to be used only when the organization identifies noncompliance. If noncompliance is identified through validation surveys, the State survey agency monitors corrections as specified at § 488.7(b)(3);

(iv) The ability of the organization to report deficiencies to the surveyed facilities and respond to the facility's plan of correction in a timely manner;

(v) The ability of the organization to provide HCFA with electronic data in ASCII comparable code and reports necessary for effective validation and assessment of the organization survey process;

(vi) The adequacy of staff and other resources;

(vii) The organization's ability to provide adequate funding for performing required surveys; and

(viii) The organization's policies with respect to whether surveys are announced or unannounced; and

(3) The accreditation organization's agreement to provide HCFA with a copy of the most current accreditation survey together with any other information related to the survey as HCFA may require (including corrective action plans).

(b) *Notice and comment.* (1) HCFA will publish a proposed notice in the FEDERAL REGISTER whenever it contemplates approving an accreditation organization's application for deeming authority. The proposed notice will specify the basis for granting approval of deeming authority and the types of providers and suppliers accredited by

the organization for which deeming authority would be approved. The proposed notice will also describe how the accreditation organization's accreditation program provides reasonable assurance that entities accredited by the organization meet Medicare requirements. The proposed notice will also provide opportunity for public comment.

(2) HCFA will publish a final notice in the FEDERAL REGISTER whenever it grants deeming authority to a national accreditation organization. Publication of the final notice will follow publication of the proposed notice by at least six months. The final notice will specify the effective date of the approval of deeming authority and the term of approval (which will not exceed six years).

(c) *Effects of approval of an accreditation organization.* HCFA will deem providers and suppliers accredited by an approved accreditation organization to meet the Medicare conditions for which the approval of deeming authority has specifically been granted. The deeming authority will take effect 90 days following the publication of the final notice.

(d) *Continuing Federal oversight of equivalency of an accreditation organization and removal of deeming authority.* This paragraph establishes specific criteria and procedures for continuing oversight and for removing the approval of deeming authority of a national accreditation organization.

(1) *Comparability review.* HCFA will compare the equivalency of an accreditation organization's accreditation requirements to the comparable HCFA requirements if—

(i) HCFA imposes new requirements or changes its survey process;

(ii) An accreditation organization proposes to adopt new requirements or change its survey process. An accreditation organization must provide written notification to HCFA at least 30 days in advance of the effective date of any proposed changes in its accreditation requirements or survey process; and

(iii) An accreditation organization's approval has been in effect for the maximum term specified by HCFA in the final notice.

(2) *Validation review.* Following the end of a validation review period, HCFA will identify any accreditation programs for which—

(i) Validation survey results indicate a rate of disparity between certifications of the accreditation organization and certification of the State agency of 20 percent or more; or

(ii) Validation survey results, irrespective of the rate of disparity, indicate widespread or systematic problems in an organization's accreditation process that provide evidence that there is no longer reasonable assurance that accredited entities meet Medicare requirements.

(3) *Reapplication procedures.* (i) Every six years, or sooner as determined by HCFA, an approved accreditation organization must reapply for continued approval of deeming authority. HCFA will notify the organization of the materials the organization must submit as part of the reapplication procedure.

(ii) An accreditation organization that is not meeting the requirements of this subpart, as determined through a comparability review, must furnish HCFA, upon request and at any time, with the reapplication materials HCFA requests. HCFA will establish a deadline by which the materials are to be submitted.

(e) *Notice.* If a comparability or validation review reveals documentation that an accreditation organization is not meeting the requirements of this subpart, HCFA will provide written notice to the organization indicating that its deeming authority approval may be in jeopardy and that a deeming authority review is being initiated. The notice provides the following information—

(1) A statement of the requirements, instances, rates or patterns of discrepancies that were found as well as other related documentation;

(2) An explanation of HCFA's deeming authority review on which the final determination is based;

(3) A description of the process available if the accreditation organization wishes an opportunity to explain or justify the findings made during the comparability or validation review;

(4) A description of the possible actions that may be imposed by HCFA

based on the findings from the validation review; and

(5) The reapplication materials the organization must submit and the deadline for their submission.

(f) *Deeming authority review.* (1) HCFA will conduct a review of an accreditation organization's accreditation program if the comparability or validation review produces findings as described at paragraph (d)(1) or (2), respectively, of this section. HCFA will review as appropriate either or both—

(i) The requirements of the accreditation organization; or

(ii) The criteria described in paragraph (a)(1) of this section to reevaluate whether the accreditation organization continues to meet all these criteria.

(2) If HCFA determines, following the deeming authority review, that the accreditation organization has failed to adopt requirements comparable to HCFA's or submit new requirements timely, the accreditation organization may be given a conditional approval of its deeming authority for a probationary period of up to 180 days to adopt comparable requirements.

(3) If HCFA determines, following the deeming authority review, that the rate of disparity identified during the validation review meets either of the criteria set forth in paragraph (d)(2) of this section HCFA—

(i) May give the accreditation organization conditional approval of its deeming authority during a probationary period of up to one year (whether or not there are also noncomparable requirements) that will be effective 30 days following the date of this determination;

(ii) Will require the accreditation organization to release to HCFA upon its request any facility-specific data that is required by HCFA for continued monitoring;

(iii) Will require the accreditation organization to provide HCFA with a survey schedule for the purpose of intermittent onsite monitoring by HCFA staff, State surveyors, or both; and

(iv) Will publish in the Medicare Annual Report to Congress the name of any accreditation organization given a probationary period by HCFA.

(4) Within 60 days after the end of any probationary period, HCFA will make a final determination as to whether or not an accreditation program continues to meet the criteria described at paragraph (a)(1) of this section and will issue an appropriate notice (including reasons for the determination) to the accreditation organization and affected providers or suppliers. This determination will be based on any of the following—

(i) The evaluation of the most current validation survey and review findings. The evaluation must indicate an acceptable rate of disparity of less than 20 percent between the certifications of the accreditation organization and the certifications of the State agency as described at paragraph (d)(2)(i) of this section in order for the accreditation organization to retain its approval;

(ii) The evaluation of facility-specific data, as necessary, as well as other related information;

(iii) The evaluation of an accreditation organization's surveyors in terms of qualifications, ongoing training composition of survey team, etc.;

(iv) The evaluation of survey procedures; or

(v) The accreditation requirements.

(5) If the accreditation program has not made improvements acceptable to HCFA during the probationary period, HCFA may remove recognition of deemed authority effective 30 days from the date that it provides written notice to the organization that its deeming authority will be removed.

(6) The existence of any validation review, deeming authority review, probationary period, or any other action by HCFA, does not affect or limit the conducting of any validation survey.

(7) HCFA will publish a notice in the FEDERAL REGISTER containing a justification of the basis for removing the deeming authority from an accreditation organization. The notice will provide the reasons the accreditation organization's accreditation program no longer meets Medicare requirements.

(8) After HCFA removes approval of an accreditation organization's deeming authority, an affected provider's or supplier's deemed status continues in effect 60 days after the removal of approval. HCFA may extend the period

for an additional 60 days for a provider or supplier if it determines that the provider or supplier submitted an application within the initial 60 day timeframe to another approved accreditation organization or to HCFA so that a certification of compliance with Medicare conditions can be determined.

(9) Failure to comply with the timeframe requirements specified in paragraph (f)(8) of this section will jeopardize a provider's or supplier's participation in the Medicare program and where applicable in the Medicaid program.

(g) If at any time HCFA determines that the continued approval of deeming authority of any accreditation organization poses an immediate jeopardy to the patients of the entities accredited by that organization, or such continued approval otherwise constitutes a significant hazard to the public health, HCFA may immediately withdraw the approval of deeming authority of that accreditation organization.

(h) Any accreditation organization dissatisfied with a determination to remove its deeming authority may request a reconsideration of that determination in accordance with subpart D of this part.

[58 FR 61841, Nov. 23, 1993]

§ 488.9 Onsite observation of accreditation organization operations.

As part of the application review process, the validation review process, or the continuing oversight of an accreditation organization's performance, HCFA may conduct an onsite inspection of the accreditation organization's operations and offices to verify the organization's representations and to assess the organization's compliance with its own policies and procedures. The onsite inspection may include, but is not limited to, the review of documents, auditing meetings concerning the accreditation process, the evaluation of survey results or the accreditation decision-making process, and interviews with the organization's staff.

[58 FR 61842, Nov. 23, 1993]

§ 488.10 State survey agency review: Statutory provisions.

(a) Section 1864(a) of the Act requires the Secretary to enter into an agreement with any State that is able and willing to do so, under which appropriate State or local survey agencies will determine whether:

(1) Providers or prospective providers meet the Medicare conditions of participation or requirements (for SNFs and NFs);

(2) Suppliers meet the conditions for coverage; and

(3) Rural health clinics meet the conditions of certification.

(b) Section 1865(a) of the Act provides that if an institution is accredited as a hospital by the JCAHO, it will be deemed to meet the conditions of participation:

(1) Except those specified in § 488.5;

(2) Provided that such hospital, if it is included within a validation survey, authorizes the JCAHO to release to HCFA (on a confidential basis) upon request a copy of the most current JCAHO accreditation survey.

(c) Section 1864(c) of the Act authorizes the Secretary to enter into agreements with State survey agencies for the purpose of conducting validation surveys in hospitals accredited by the JCAHO. Section 1865(b) provides that an accredited hospital which is found after a validation survey to have significant deficiencies related to the health and safety of patients will no longer be deemed to meet the conditions of participation.

(d) Section 1865(a) of the Act also provides that if HCFA finds that accreditation of a hospital; psychiatric hospital; SNF; HHA; hospice; ASC; RHC; CORF; laboratory; screening mammography service; rural primary care hospital; or clinic, rehabilitation agency, or public health agency provider of outpatient physical therapy, occupational therapy, or speech pathology services by any national accreditation organization provides reasonable assurance that any or all Medicare conditions are met, HCFA may treat the provider or supplier as meeting the conditions.

[53 FR 22859, June 17, 1988, as amended at 56 FR 48879, Sept. 26, 1991; 58 FR 61842, Nov. 23, 1993]

§ 488.11 State survey agency functions.

State and local agencies that have agreements under section 1864(a) of the Act—

(a) Survey and make recommendations regarding the issues listed in § 488.10;

(b) Conduct validation surveys of accredited facilities as provided in § 488.6; and

(c) Perform other surveys and other appropriate activities and certify their findings to HCFA.

[56 FR 48879, Sept. 26, 1991, as amended at 59 FR 56237, Nov. 10, 1994]

§ 488.12 Effect of survey agency certification.

Certifications by the State survey agency represent recommendations to HCFA.

(a) On the basis of these recommendations, HCFA will determine whether:

(1) A provider or supplier is eligible to participate in or be covered under the Medicare program; or

(2) An accredited hospital is deemed to meet the Medicare conditions of participation or is subject to full review by the State survey agency.

(b) Notice of HCFA's determination will be sent to the provider or supplier.

§ 488.14 Effect of PRO review.

When a PRO is conducting review activities under section 1154 of the Act and part 466 of this chapter, its activities are in lieu of the utilization review and evaluation activities required of health care institutions under sections 1861(e)(6), and 1861(k) of the Act.

[59 FR 56237, Nov. 10, 1994]

§ 488.18 Documentation of findings.

(a) The findings of the State agency with respect to each of the conditions of participation, requirements (for SNFs and NFs), or conditions for coverage must be adequately documented. When the State agency certifies to the Secretary that a provider or supplier is not in compliance with the conditions or requirements (for SNFs and NFs), and therefore not eligible to participate in the program, such documentation includes, in addition to the description of the specific deficiencies

which resulted in the agency's recommendation, any provider or supplier response.

(b) If a provider or supplier is certified by the State agency as in compliance with the conditions or participation requirements (for SNFs and NFs) or as meeting the requirements for special certification (see § 488.54), with deficiencies not adversely affecting the health and safety of patients, the following information will be incorporated into the finding:

(1) A statement of the deficiencies that were found.

(2) A description of further action that is required to remove the deficiencies.

(3) A time-phased plan of correction developed by the provider and supplier and concurred with by the State agency.

(4) A scheduled time for a resurvey of the institution or agency to be conducted by the State agency within 90 days following the completion of the survey.

(c) If, on the basis of the State certification, the Secretary determines that the provider or supplier is eligible to participate, the information described in paragraph (b) of this section will be incorporated into a notice of eligibility to the provider or supplier.

(d) If the State agency receives information to the effect that a hospital or a rural primary care hospital (as defined in section 1861(mm)(1) of the Act) has violated § 489.24 of this chapter, the State agency is to report the information to HCFA promptly.

[39 FR 2251, Jan. 17, 1974. Redesignated at 39 FR 11419, Mar. 28, 1974, and further redesignated at 42 FR 52826, Sept. 30, 1977. Redesignated at 53 FR 23100, June 17, 1988; 59 FR 32120, June 22, 1994; 59 FR 56237, Nov. 10, 1994]

EFFECTIVE DATE NOTE: At 59 FR 32120, June 22, 1994, in § 488.18, paragraph (d) was added, and will not become effective until the information collection requirements are approved by the Office of Management and Budget. A document will be published in the FEDERAL REGISTER once approval has been obtained.

§ 488.20 Periodic review of compliance and approval.

(a) Determinations by HCFA to the effect that a provider or supplier is in compliance with the conditions of participation, or requirements (for SNFs

and NFs), or the conditions for coverage are made as often as HCFA deems necessary and may be more or less than a 12-month period, except for SNFs, NFs and HHAs. (See § 488.308 for special rules for SNFs and NFs.)

(b) The responsibilities of State survey agencies in the review and certification of compliance are as follows:

(1) Resurvey providers or suppliers as frequently as necessary to ascertain compliance and confirm the correction of deficiencies;

(2) Review reports prepared by a Professional Standards Review Organization (authorized under Part B Title XI of the Act) or a State inspection of care team (authorized under Title XIX of the Act) regarding the quality of a facility's care;

(3) Evaluate reports that may pertain to the health and safety of patients; and

(4) Take appropriate actions that may be necessary to achieve compliance or certify noncompliance to HCFA.

(c) A State survey agency certification to HCFA that a provider or supplier is no longer in compliance with the conditions of participation or requirements (for SNFs and NFs) or conditions for coverage will supersede the State survey agency's previous certification.

(Secs. 1102, 1814, 1861, 1863 through 1866, 1871, and 1881; 42 U.S.C. 1302, 1395f, 1395x, 1395z through 1395cc, 1395hh, and 1395rr)

[45 FR 74833, Nov. 12, 1981. Redesignated and amended at 53 FR 23100, June 17, 1988, and further amended at 54 FR 5373, Feb. 2, 1989; 56 FR 48879, Sept. 26, 1991; 59 FR 56237, Nov. 10, 1994]

§ 488.24 Certification of noncompliance.

(a) Special rules for certification of noncompliance for SNFs and NFs are set forth in § 488.330.

(b) The State agency will certify that a provider or supplier is not or is no longer in compliance with the conditions of participation or conditions for coverage where the deficiencies are of such character as to substantially limit the provider's or supplier's capacity to furnish adequate care or which adversely affect the health and safety of patients; or

(c) If HCFA determines that an institution or agency does not qualify for participation or coverage because it is not in compliance with the conditions of participation or conditions for coverage, or if a provider's agreement is terminated for that reason, the institution or agency has the right to request that the determination be reviewed. (Appeals procedures are set forth in Part 498 of this chapter.)

[59 FR 56237, Nov. 10, 1994]

§ 488.26 Determining compliance.

(a) Additional rules for certification of compliance for SNFs and NFs are set forth in § 488.330.

(b) The decision as to whether there is compliance with a particular requirement, condition of participation, or condition for coverage depends upon the manner and degree to which the provider or supplier satisfies the various standards within each condition. Evaluation of a provider's or supplier's performance against these standards enables the State survey agency to document the nature and extent of deficiencies, if any, with respect to a particular function, and to assess the need for improvement in relation to the prescribed conditions.

(c) The State survey agency must adhere to the following principles in determining compliance with participation requirements:

(1) The survey process is the means to assess compliance with Federal health, safety and quality standards;

(2) The survey process uses resident outcomes as the primary means to establish the compliance status of facilities. Specifically surveyors will directly observe the actual provision of care and services to residents, and the effects of that care, to assess whether the care provided meets the needs of individual residents;

(3) Surveyors are professionals who use their judgment, in concert with Federal forms and procedures, to determine compliance;

(4) Federal procedures are used by all surveyors to ensure uniform and consistent application and interpretation of Federal requirements;

(5) Federal forms are used by all surveyors to ensure proper recording of

findings and to document the basis for the findings.

(d) The State survey agency must use the survey methods, procedures, and forms that are prescribed by HCFA.

(e) The State survey agency must ensure that a facility's actual provision of care and services to residents and the effects of that care on residents are assessed in a systematic manner.

[59 FR 56237, Nov. 10, 1994]

§ 488.28 Providers or suppliers, other than SNFs and NFs, with deficiencies.

(a) If a provider or supplier is found to be deficient with respect to one or more of the standards in the conditions of participation or conditions for coverage, it may participate in or be covered under the Health Insurance for the Aged and Disabled Program only if the facility has submitted an acceptable plan of correction for achieving compliance within a reasonable period of time acceptable to the Secretary.

(b) The existing deficiencies noted either individually or in combination neither jeopardize the health and safety of patients nor are of such character as to seriously limit the provider's capacity to render adequate care.

(c)(1) If it is determined during a survey that a provider or supplier is not in compliance with one or more of the standards, it is granted a reasonable time to achieve compliance.

(2) The amount of time depends upon the—

- (i) Nature of the deficiency; and
- (ii) State survey agency's judgment as to the capabilities of the facility to provide adequate and safe care.

(d) Ordinarily a provider or supplier is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies but the State survey agency may recommend that additional time be granted by the Secretary in individual situations, if in its judgment, it is not reasonable to expect compliance within 60 days, for example, a facility must obtain the approval of its governing body, or engage in competitive bidding.

[59 FR 56237, Nov. 10, 1994]

Subpart B—Special Requirements

§ 488.52 [Reserved]

§ 488.54 Temporary waivers applicable to hospitals.

(a) *General provisions.* If a hospital is found to be out of compliance with one or more conditions of participation for hospitals, as specified in part 482 of this chapter, a temporary waiver may be granted by HCFA. HCFA may extend a temporary waiver only if such a waiver would not jeopardize or adversely affect the health and safety of patients. The waiver may be issued for any one year period or less under certain circumstances. The waiver may be withdrawn earlier if HCFA determines this action is necessary to protect the health and safety of patients. A waiver may be granted only if:

(1) The hospital is located in a rural area. This includes all areas not delineated as "urban" by the Bureau of the Census, based on the most recent census;

(2) The hospital has 50 or fewer inpatient hospital beds;

(3) The character and seriousness of the deficiencies do not adversely affect the health and safety of patients; and

(4) The hospital has made and continues to make a good faith effort to comply with personnel requirements consistent with any waiver.

(b) *Minimum compliance requirements.* Each case will have to be decided on its individual merits, and while the degree and extent of compliance will vary, the institution must, as a minimum, meet all of the statutory conditions in section 1861(e)(1)–(8), in addition to meeting such other requirements as the Secretary finds necessary under section 1861(e)(9). (For further information relating to the exception in section 1861(e)(5) of the Act, see paragraph (c) of this section.)

(c) *Temporary waiver of 24-hour nursing requirement of 24-hour registered nurse requirement.* HCFA may waive the requirement contained in section 1861(e)(5) that a hospital must provide 24-hour nursing service furnished or supervised by a registered nurse. Such a waiver may be granted when the following criteria are met:

(1) The hospital's failure to comply fully with the 24-hour nursing requirement is attributable to a temporary shortage of qualified nursing personnel in the area in which the hospital is located.

(2) A registered nurse is present on the premises to furnish or supervise the nursing services during at least the daytime shift, 7 days a week.

(3) The hospital has in charge, on all tours of duty not covered by a registered nurse, a licensed practical (vocational) nurse.

(4) The hospital complies with all requirements specified in paragraph (a) of this section.

(d) *Temporary waiver for technical personnel.* HCFA may waive technical personnel requirements, issued under section 1861(e)(9) of the Act, contained in the Conditions of Participation; Hospitals (part 482 of this chapter). Such a waiver must take into account the availability of technical personnel and the educational opportunities for technical personnel in the area in which the hospital is located. HCFA may also limit the scope of services furnished by a hospital in conjunction with the waiver in order not to adversely affect the health and safety of the patients. In addition, the hospital must also comply with all requirements specified in paragraph (a) of this section.

[39 FR 2251, Jan. 17, 1974. Redesignated at 39 FR 11419, Mar. 28, 1974, and amended at 41 FR 27962, July 8, 1976. Further redesignated at 42 FR 52826, Sept. 30, 1977, and amended at 47 FR 31531, July 20, 1982; 51 FR 22041, June 17, 1986. Redesignated at 53 FR 23100, June 17, 1988]

§ 488.56 Temporary waivers applicable to skilled nursing facilities.

(a) *Waiver of 7-day registered nurse requirement.* To the extent that § 483.30 of this chapter requires any skilled nursing facility to engage the services of a registered nurse more than 40 hours a week, the Secretary may waive such requirement for such periods as he deems appropriate if, based upon documented findings of the State agency, he determines that:

(1) Such facility is located in a rural area and the supply of skilled nursing facility services in such area is not suf-

ficient to meet the needs of individual patients therein,

(2) Such facility has at least one fulltime registered nurse who is regularly on duty at such facility 40 hours a week, and

(3) Such facility (i) has only patients whose attending physicians have indicated (through physicians' orders or admission notes) that each such patient does not require the services of a registered nurse for a 48-hour period, or (ii) has made arrangements for a registered nurse or a physician to spend such time at the facility as is determined necessary by the patient's attending physician to provide necessary services on days when the regular fulltime registered nurse is not on duty.

(4) Such facility has made and continues to make a good faith effort to comply with the more than 40-hour registered nurse requirement, but such compliance is impeded by the unavailability of registered nurses in the area.

(b) *Waiver of medical director requirement.* To the extent that § 488.75(i) of this chapter requires any skilled nursing facility to engage the services of a medical director either part-time or full-time, the Secretary may waive such requirement for such periods as he deems appropriate if, based upon documented findings of the State agency, he determines that:

(1) Such facility is located in an area where the supply of physicians is not sufficient to permit compliance with this requirement without seriously reducing the availability of physician services within the area, and

(2) Such facility has made and continues to make a good faith effort to comply with § 488.75(i) of this chapter, but such compliance is impeded by the unavailability of physicians in the area.

[39 FR 35777, Oct. 3, 1974. Redesignated and amended at 42 FR 52826, Sept. 30, 1977. Further redesignated and amended at 53 FR 23100, June 17, 1988, and further amended at 56 FR 48879, Sept. 26, 1991; 57 FR 43925, Sept. 23, 1992]

§ 488.60 Special procedures for approving end stage renal disease facilities.

(a) *Considerations for approval.* An ESRD facility which wishes to be approved for coverage, or which wishes any expansion of dialysis services to be approved for coverage in accordance with subpart U of part 405, must secure the Secretary's determination thereunder. In addition to the certification by the State agency referred to in § 488.12 of this part, data furnished by network organizations and recommendations of the Public Health Service, concerning the contribution of a facility to the furnishing of end-stage renal disease services in its network and concerning the facility's compliance with professional norms and standards (see subpart U of part 405), shall be considered by the Secretary in determining whether to approve a facility for coverage or for any expansion of services under the End-Stage Renal Disease Program. The facility will also be required to submit data pertaining to its qualifications for approval or for any expansion of services, for consideration in the Secretary's determination.

(b) *Determining compliance with minimal utilization rates: Time limitations—*(1) *Unconditional status.* A facility which meets minimal utilization requirements will be assigned this status as long as it continues to meet these requirements.

(2) *Conditional status.* A conditional status may be granted to a facility for not more than four consecutive calendar years and will not be renewable (see § 405.2122(b) of this chapter). Its status may be examined each calendar year to ascertain its compliance with Subpart U.

(3) *Exception status.* Under unusual circumstances (see § 405.2122 (b) of this chapter) the Secretary may grant a time-limited exception to a facility which is not in compliance with the minimal utilization rate(s) for either unconditional status or conditional status. This exception status may be granted, and may be renewed on an annual basis, under circumstances where rigid application of minimal utilization rate requirements would adversely affect the achievement of ESRD program objectives.

(c) *New applicant.* A facility which has not previously participated in the ESRD program must submit a plan detailing how it expects to meet the conditional minimal utilization rate status by the end of the second calendar year of its operation under the program and meet the unconditional minimal utilization rate status by the end of the fourth calendar year of its operation under the program.

(d) *Notification.* The Secretary will notify each facility and its network coordinating council of its initial and its subsequent minimal utilization rate classification.

(e) *Failure to meet minimal utilization rate.* A facility failing to meet standards for unconditional status or conditional status, or if applicable, for exception status, will be so notified at the time of such classification.

(f) *Interim regulations participant.* A facility previously participating under the interim regulations will not be approved under the program established by subpart U until it has demonstrated that it meets all the applicable requirements of this subpart, including the appropriate minimal utilization rate. It may continue under the interim program only for a period not to exceed 1 year from the effective date of these amendments (see § 405.2100(c) of this chapter). During this period it may demonstrate its ability to meet the appropriate minimal utilization rate. Failure to qualify under this subpart will automatically terminate coverage of such facility's services under the ESRD program at the end of such year.

[41 FR 22510, June 3, 1976. Redesignated at 42 FR 52826, Sept. 30, 1977, and further amended at 45 FR 58124, Sept. 2, 1980. Redesignated and amended at 53 FR 23100, June 17, 1988]

§ 488.64 Remote facility variances for utilization review requirements.

(a) As used in this section:

(1) An "available" individual is one who:

(i) Possesses the necessary professional qualifications;

(ii) Is not precluded from participating by reason of financial interest in any such facility or direct responsibility for the care of the patients being reviewed or, in the case of a skilled

nursing facility, employment by the facility; and

(iii) Is not precluded from effective participation by the distance between the facility and his residence, office, or other place of work. An individual whose residence, office, or other place of work is more than approximately one hour's travel time from the facility shall be considered precluded from effective participation.

(2) "Adjacent facility" means a health care facility located within a 50-mile radius of the facility which requests a variance.

(b) The Secretary may grant a requesting facility a variance from the time frames set forth in §§ 405.1137(d) of this chapter and 482.30 as applicable, within which reviews all of cases must be commenced and completed, upon a showing satisfactory to the Secretary that the requesting facility has been unable to meet one or more of the requirements of § 405.1137 of this chapter or § 482.30 of this chapter, as applicable, by reason of insufficient medical and other professional personnel available to conduct the utilization review required by § 405.1137 of this chapter or § 482.30 of this chapter, as applicable.

(c) The request for variance shall document the requesting facility's inability to meet the requirements for which a variance is requested and the facility's good faith efforts to comply with the requirements contained in § 405.1137 of this chapter or § 482.30 of this chapter, as applicable.

(d) The request shall include an assurance by the requesting facility that it will continue its good faith efforts to meet the requirements contained in § 405.1137 of this chapter or § 482.30 of this chapter, as applicable.

(e) A revised utilization review plan for the requesting facility shall be submitted concurrently with the request for a variance. The revised plan shall specify the methods and procedures which the requesting facility will use, if a variance is granted, to assure:

(1) That effective and timely control will be maintained over the utilization of services; and

(2) That reviews will be conducted so as to improve the quality of care provided to patients.

(f) The request for a variance shall include:

(1) The name, location, and type (e.g., hospital, skilled nursing facility) of the facility for which the variance is requested;

(2) The total number of patient admissions and average daily patient census at the facility within the previous six months;

(3) The total number of title XVIII and title XIX patient admissions and the average daily patient census of title XVIII and title XIX patients in the facility within the previous six months;

(4) As relevant to the request, the names of all physicians on the active staff of the facility and the names of all other professional personnel on the staff of the facility, or both;

(5) The name, location, and type of each adjacent facility (e.g., hospital, skilled nursing facility);

(6) The distance and average travel time between the facility and each adjacent facility;

(7) As relevant to the request, the location of practice of available physicians and the estimated number of other available professional personnel, or both (see paragraph (a)(1)(iii) of this section);

(8) Documentation by the facility of its attempt to obtain the services of available physicians or other professional personnel, or both; and

(9) A statement of whether a PRO exists in the area where the facility is located.

(g) The Secretary shall promptly notify the facility of the action taken on the request. Where a variance is in effect, the validation of utilization review pursuant to § 405.1137 of this chapter or § 482.30 shall be made with reference to the revised utilization review plan submitted with the request for variance.

(h) The Secretary, in granting a variance, will specify the period for which the variance has been granted; such period will not exceed one year. A request for a renewal shall be submitted not later than 30 days prior to the expiration of the variance and shall contain all information required by paragraphs (c), (d), and (f) of this section. Renewal of the variance will be contingent upon

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the facility's continuing to meet the provisions of this section.

[40 FR 30818, July 23, 1975. Redesignated at 42 FR 52826, Sept. 30, 1977; 51 FR 22041, June 17,

1986; 51 FR 27847, Aug. 4, 1986; 51 FR 43197, Dec. 1, 1986. Redesignated and amended at 53 FR 23100, June 17, 1988]

§ 488.100 Long term care survey forms, Part A.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

PART A — ADMINISTRATIVE AND PROCEDURAL REQUIREMENTS
MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT
PROVIDER NUMBER

FACILITY NAME AND ADDRESS (City, State, Zip Code)

VENDOR NUMBER

SURVEY DATE

SURVEYORS' NAMES

TITLES

Form HCFA-525 (2-86)

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NAME OF FACILITY		COMPLIANCE WITH STATE AND LOCAL LAWS		YES	NO	N/A	EXPLANATORY STATEMENT
CODE		Compliance with State and Local Laws (Condition of Participation)					
F500		SNF (405.1120)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
A. Licensure							
F501		SNF (405.1120(a)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F502		ICF (442.251) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F503		The facility has a current State License (Number _____)					
B. Personnel Licensure							
F504		SNF (405.1120(b)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F505		ICF (442.302) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F506		Staff of the facility are licensed or registered in accordance with applicable State laws.					
C. Compliance with Other Laws							
F507		SNF (405.1120(c)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F508		ICF (442.252) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F509		ICF (442.315) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F510		The facility is in compliance with applicable Federal, State and local laws and regulations relating to fire and safety, sanitation, communicable and reportable diseases, postmortem procedures and other relevant health and safety requirements.					

NAME OF FACILITY		COMPLIANCE WITH STATE AND LOCAL LAWS/ GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
		The facility is in compliance with applicable regulations pertaining to:					
F511		Buying, dispensing, safeguarding, administering, and disposing of medications and controlled substances. Exception: Not applicable to SNFs.					
F512		Construction, maintenance and equipment. Exception: Not applicable to SNFs.					
F513		Current reports from all responsible governmental agencies are retained at the facility.					
		Governing Body and Management (Condition of Participation)					
F514		SNF (405.1121) The facility has a governing body with full legal authority and responsibility for operation of the facility.	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
		A. Disclosure					
F515		SNF (405.1121(a)) (Standard) Full disclosure of ownership has been made in accordance with requirements at 42 CFR 420.206.	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
		B. Administration					
F516		SNF (405.1121(c)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F517		1. Written bylaws address the operation of the facility.					
F518		2. Written bylaws and policies address effective resident care.					
F519		3. Bylaws are reviewed and revised as necessary.					

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
F520	ICF (442.301) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
C. Independent Medical Review							
F521	SNF (405.1121(d)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	The facility has policies which ensure that the facility cooperates in an effective program for regular independent medical evaluation and audit of residents in the facility to the extent required by the programs in which the facility participates.						
D. Administrator							
F522	SNF (405.1121(e)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F523	ICF (442.303) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F524	The facility has a licensed administrator who has authority for the overall operation of the facility. (Administrator's license or registration number _____).						
E. Resident Care Director							
F525	ICF (442.304) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F526	1. The administrator or another professional staff member is the resident care director (RSD).						
F527	2. The RSD coordinates and monitors each resident's care.						

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
F. Institutional Planning							
F528	SNF (405.1121(f)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F529	1. The facility has an overall plan and budget prepared by a committee of representatives from the governing body, administrative staff, and the organized medical staff (if any).						
F530	2. The overall plan and budget is reviewed and updated at least annually.						
F531	3. The plan includes a capital expenditures plan, if necessary.						
G. Personnel Policies and Procedures							
F532	SNF (405.1121(g)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	1. The facility has written policies and procedures that support sound resident care and personnel practices and address, at least:						
F533	a. Control of communicable disease;						
F534	b. The review of employee incidents and accidents to identify health and safety hazards; and						
F535	c. The existence of a safe and sanitary environment.						
F536	2. Personnel records are current, available to each employee, and contain sufficient information to support placement in the position to which assigned.						
F537	3. Referral or provision for periodic health examinations to ensure freedom from communicable disease.						

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
H. Outside Resources/Consultant Agreements							
F538	SNF (405.1121(i)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F539	ICF (442.317) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F540	The facility has written agreements with qualified persons to render a service (if it does not employ a qualified professional person to do so). The agreements:						
F541	1. Address the responsibilities, functions, objectives, and terms (including financial arrangements and charges);						
F542	2. Are signed by an authorized representative of the facility and the outside resource; and						
F543	3. Specify that the facility retains ultimate responsibility for the services rendered.						
I. Notification of Change in Resident Status							
F544	SNF (405.1121(j)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F545	The facility has policies and procedures to notify physicians and other responsible persons in the event of an accident involving the resident, or resident's physical, mental or emotional status, or resident charges, billings or related administrative matter.						

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
J. Resident Rights							
F546	SNF (405.112(k)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
Indicators 1 thru 12 apply to SNFs.							
F547	ICF (442.311) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
1. Information							
F548	a. The facility informs each resident, before or at the time of admission, of his rights and responsibilities.						
F549	b. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.						
F550	c. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.						
F551	d. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.						
F552	e. The resident must be informed in writing of all services and charges for services.						
F553	f. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.						
F554	g. The resident must be informed of services not covered by Medicare or Medicaid in the basic rate.						
Form HCFA-625 (2-90)							

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
2. Medical Condition and Treatment							
F555	a. Each resident is informed by a physician of his health and medical condition unless the physician decides that informing the resident is medically contraindicated.						
F556	b. Each resident is given an opportunity to participate in planning his total care and medical treatment.						
F557	c. Each resident is given an opportunity to refuse treatment.						
F558	d. Each resident gives informed, written consent before participating in experimental research.						
F559	e. If the physician decides that informing the resident of his health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.						
3. Transfer and Discharge							
	Each resident is transferred or discharged only for:						
F560	a. Medical reasons.						
F561	b. His/her welfare or that of other residents.						
F562	c. Nonpayment except as prohibited by the Medicare or Medicaid program.						
4. Exercising Rights							
F563	a. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.						
F564	b. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.						
F565	c. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.						

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
5. Financial Affairs							
F566	a. Residents are allowed to manage their own personal financial affairs.						
F567	b. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to residents in skilled nursing facilities at least on a quarterly basis.						
F568	c. The facility does not commingle resident funds with any other funds other than resident funds.						
F569	d. If a resident requests assistance from the facility in managing his personal financial affairs, resident's delegation is in writing.						
	e. The facility system of accounting includes written receipts for:						
F570	1. All personal possessions and funds received by or deposited with the facility.						
F571	2. All disbursement made to or for the resident.						
F572	f. The financial record must be available to the resident and his/her family.						
6. Freedom from Abuse and Restraints							
F573	a. Each resident is free from mental and physical abuse.						
F574	b. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.						
F575	c. If used in emergencies, they are necessary to protect the resident from injury to himself or others.						
Form HCFA-525 (2-86)							

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
F576	d. The use is authorized by a professional staff member identified in the written policies and procedures of the facility.						
F577	e. The use is reported promptly to the resident's physician by the staff member.						
F578	7. Privacy a. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.						
F579	b. Each resident is given privacy during treatment and care of personal needs.						
F580	c. Each resident's records, including information in an automated data bank, are treated confidentially.						
F581	d. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.						
F582	e. Married residents are given privacy during visits by their spouses.						
F583	f. Married residents are permitted to share a room.						
F584	8. Work No resident may be required to perform services for the facility.						
F585	9. Freedom of Association and Correspondence a. Each resident is allowed to communicate, associate and meet privately with individuals of his choice unless this infringes upon the rights of another resident.						
F586	b. Each resident is allowed to send and receive personal mail unopened.						

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
	10. Activities						
F587	Each resident is allowed to participate in social, religious, and community group activities.						
	11. Personal Possessions						
F588	Each resident is allowed to retain and use his personal possessions and clothing as space permits.						
	12. Written Policies and Procedures: Delegation of Rights and Responsibilities						
F589	ICF (442.312) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F590	a. The facility has written policies and procedures that provide that all the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his physician to be incapable of understanding his rights and responsibilities.						
F591	b. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.						
	K. Resident Care Policies						
F592	SNF (405.1121(j)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F593	1. The facility has written policies to govern the continuing skilled nursing care and related medical or other services provided.						
F594	2. These policies reflect awareness of and provision for meeting the total medical and psychosocial needs of residents including admission, transfer, discharge planning, and the range of services available to residents; and						

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
F595	3. The protection of residents' personal and property rights.						
F596	4. The policies are developed by a group of professional personnel, including the Medical Director or the organized medical staff, and are periodically reviewed and revised (if necessary).						
F597	5. These policies are available to admitting physicians, sponsoring agencies, residents, and the public.						
F598	6. The Medical Director or a registered nurse is designated as responsible for the execution of the policies.						
	L. Public Availability						
F599	ICF (442.305) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F600	1. The facility has written policies and procedures governing all the services it provides.						
F601	2. The policies and procedures are available to the staff and residents, members of the family, the public, and legal representatives of residents.						
	M. Admissions						
F602	ICF (442.306) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
	The facility has written policies and procedures that ensure that it admits as residents only those residents whose needs can be met by:						
F603	1. the facility itself.						
F604	2. the facility in cooperation with community resources.						
F605	3. the facility in cooperation with other providers of care affiliated with or under contract to the facility.						

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
N. Transfers							
F606	ICF (442.307) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F607	1. The facility has written policies and procedures to ensure that residents are transferred promptly to a hospital, SNF or other appropriate facility when a change is necessary.						
F608	2. Except in emergencies, the facility consults the resident, his next of kin, the attending physician, and the responsible agency, if any, at least five days before discharge.						
F609	3. The facility uses casework services and other means to ensure that adequate arrangements are made to meet resident's needs through other resources.						
O. Restraints							
F610	ICF (442.308) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F611	The facility has written policies and procedures that:						
F612	1. Define the uses of chemical and physical restraints.						
F612	2. Identify the professional personnel who may authorize the use of restraints in emergencies under 442.31(f).						
F613	3. Describe procedures for monitoring and controlling the use of these restraints.						
P. Complaints							
F614	ICF (442.309) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F615	The facility has written policies and procedures that:						
F615	1. Describe the procedures the facility uses to receive complaints and recommendations from residents.						
F616	2. Ensure that the facility responds to complaints and recommendations.						

NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
CODE		Q. Staff Development					
F617	SNF (405.1121(h)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F618	ICF (442.314) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F619	1. The facility conducts an orientation program for all new employees that includes a review of all its policies.						
F620	2. The facility plans and conducts an inservice staff development program for all personnel to assist them in developing and improving their skills.						
F621	3. The facility maintains a record of the orientation and staff development programs it conducts.						
F622	4. The record includes the content of the program and the names of participants.						
F623	5. Inservice training includes at least prevention and control of infections, fire prevention and safety, confidentiality of resident information, and preservation of resident dignity including protection of resident's privacy and personal and property rights.						

NAME OF FACILITY		MEDICAL DIRECTION		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	Medical Direction (Condition of Participation)						
F624	SNF (405.1122) The facility has a written agreement with a licensed physician to serve as Medical Director on a part-time or full-time basis as is appropriate to the needs of the residents and the facility. (See 405.1911(b) regarding waiver of this requirement.)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	A. Coordination of Medical Care						
F625	SNF (405.1122(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F626	1. Medical direction and coordination of medical care in the facility are provided by a Medical Director.						
F627	2. The Medical Director is responsible for development of policies approved by the governing body.						
F628	3. Coordination of medical care includes liaison with attending physicians to ensure their writing orders promptly upon admission of a resident, and periodic evaluation of the adequacy and appropriateness of health professional and supportive staff and services.						
	B. Responsibilities to the Facility						
F629	SNF (405.1122(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F630	1. The Medical Director is responsible for surveillance of the health status of the facility's employees.						
F631	2. Incidents and accidents that occur on the premises are reviewed by the Medical Director to identify hazards to health and safety.						

NAME OF FACILITY		PHYSICIAN SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	Physician Services (Condition of Participation)						
F632	SNF (405.1123) Residents in need of skilled or rehabilitative care are admitted to the facility only upon the recommendation of, and remain under the care of, a physician. To the extent feasible, each resident designates a personal physician.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	A. Physician Supervision						
F633	SNF (405.1123(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F634	ICF (442.346) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F635	1. The facility has a policy that the health care of every resident must be under the supervision of a physician.						
F636	2. All attending physicians must make arrangements for the medical care of their residents in their absence.						
	B. Emergency Services						
F637	SNF (405.1123(c)) (Standard) The facility has written procedures available at each nurses' station, that provide for having a physician available to furnish necessary medical care in case of emergency.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				

NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	Nursing Services (Condition of Participation)						
F638	SNF (405.1124) The facility provides 24-hour service by licensed nurses, including the services of a registered nurse at least during the day tour of duty, 7 days a week. There is an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing needs of all residents (See 405.1911(a) regarding waiver of the 7-day registered nurse requirement).	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F639	ICF (442.342) (Standard) The facility provides nursing care as needed including restorative nursing care.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F640	A. Director of Nursing Services SNF (405.1124(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F641	1. The director of nursing services is a qualified registered nurse employed full-time.						
F642	2. The director of nursing services has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff, and serves only one facility in this capacity.						
F643	3. If the director of nursing services has other institutional responsibilities, a qualified registered nurse serves as assistant so that there is the equivalent of a full-time director of nursing services on duty.						

NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
		B. Health Services Supervision					
F644	ICF (442.339) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F645	1. The facility has a full-time registered nurse, or a licensed practical or vocational nurse to supervise the health services 7 days a week on the day shift.						
F646	2. The nurse has a current State license.						
F647	3. If the supervisor of health services is a licensed practical or vocational nurse, the facility has a formal contract with a registered nurse to serve as a consultant no less than 4 hours a week.						
F648	4. To qualify to serve as a health services supervisor, a licensed practical or vocational nurse must: a. Have graduated from a State-approved school of practical nursing, or						
F649	b. Have education or other training that the State authority responsible for licensing practical nurses considered equal to graduation from a State-approved school of practical nursing, or						
F650	c. Have passed the Public Health Service examination for waived licensed practical or vocational nurses.						
F651	5. If the nurse in charge is licensed by the State in a category other than registered nurse or licensed practical or vocational nurse: a. The individual has completed a training program to get the license that includes at least the same number of classroom and practice hours in all nursing subjects as in the program of a State-approved school of practical or vocational nursing, and						

NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
F652	b. The State agency responsible for licensing the individual submits a report to the Medicaid agency comparing State-licensed practical nurse or vocational nurse course requirements with those for the program completed by the individual.						
C. Twenty-four Hour Nursing Service							
F653	SNF (405.1124(c)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F654	ICF (442.338) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F655	1. 24-Hour Nursing Nursing policies and procedures address the total nursing needs of the residents.						
F656	The policies are designed to ensure that each resident receives: Treatment.						
F657	Medications as prescribed.						
F658	Diet as prescribed.						
F659	Rehabilitative nursing care as needed.						
F660	Proper care to prevent decubitus ulcers and deformities.						
F661	Proper care to ensure that residents are clean, well-groomed and comfortable.						
F662	Protection from accident and injury.						
F663	Protection from infection.						
F664	Encouragement, assistance, and training in self-care and group activities.						

NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
F665	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty.						
D. Rehabilitative Nursing Care							
F666	SNF (405.1124(e)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F667	Nursing personnel are trained in rehabilitative nursing.						
E. Supervision of Resident Nutrition							
F668	SNF (405.1124(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F669	A procedure is established to inform dietetic service of physicians' diet orders and of residents' dietetic problems.						
F. Administration of Drugs							
F670	SNF (405.1124(g)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F671	Procedures are established by the Pharmaceutical Services Committee (see 405.1127(d)) to ensure that drugs are checked against physicians' orders.						
G. Conformance with Physicians' Drug Orders							
F672	SNF (405.1124(h)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET Indicators 1 thru 4 apply to SNFs.						
F673	ICF (442.335) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F674	1. Drugs not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods in accordance with written policies.						

NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
F675	2. The attending physician is notified of an automatic stop order prior to the last dose so that the physician may decide if the administration of the drug or biological is to be continued or altered.						
F676	ICF (442.334) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F677	3. Physicians' verbal orders for drugs are given only to a licensed nurse, pharmacist, or physician and are immediately recorded and signed by the person receiving the order. (Verbal orders for Schedule II drugs are permitted only in the case of a bona fide emergency situation.)						
F678	4. Such orders are countersigned by the attending physician within a reasonable time.						
	H. Storage of Drugs and Biologicals						
F679	SNF (405.1124(i)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F680	1. Procedures for storing and disposing of drugs and biologicals are established by the pharmaceutical services committee.						
F681	2. In accordance with State and Federal laws, all drugs and biologicals are stored in locked compartments under proper temperature controls.						
F682	3. Only authorized personnel have access to the keys.						
F683	4. Separately locked, permanently affixed compartments are provided for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention & Control Act of 1970 and other drugs subject to abuse, except under single unit dosage distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.						
F684	5. An emergency medication kit approved by the pharmaceutical services committee is kept readily available.						

NAME OF FACILITY		DIETETIC SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
Dietetic Services (Condition of Participation)							
F685	SNF (405.1125) The facility provides a hygienic dietetic service that meets the daily nutritional needs of patients, ensures that special dietary needs are met, and provides palatable and attractive meals. A facility that has a contract with an outside food management company may be found to be in compliance with this condition provided the facility and/or company meets the standards listed herein.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
A. Staffing							
F686	SNF (405.1125(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F687	1. Overall supervisory responsibility for the dietetic service is assigned to a full-time qualified dietetic service supervisor.						
F688	2. If the dietetic service supervisor is not a qualified dietitian, the dietetic service supervisor functions with frequent, regularly scheduled consultation from a person so qualified. (§405.1101(e).)						
F689	3. In addition, the facility employs sufficient supportive personnel competent to carry out the functions of the dietetic service.						
F690	4. If consultant dietetic services are used, the consultant's visits are at appropriate times, and of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, resident counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus, and participation in the development or revisions of dietetic policies and procedures. (See §405.1121(i).)						

NAME OF FACILITY		DIETETIC SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
B. Staffing							
F691	ICF (442.332) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F692	1. The facility has a staff member trained or experienced in food management or nutrition who is responsible for:						
	a. Planning meals that meet the nutritional needs of each resident.						
F693	b. Following the orders of the resident's physician.						
F694	c. To the extent medically possible, following the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences (Recommended Dietary Allowances, 8th Ed., 1974).						
F695	d. Supervising the meal preparation and service to ensure that the menu plan is followed.						
F696	2. For residents who required medically prescribed special diets, the facility:						
	a. Has menus for those residents planned by a professionally qualified dietitian or reviewed and approved by the attending physician; and						
F697	b. Supervises the preparation and serving of meals to ensure that the resident accepts the special diet.						
F698	3. The facility keeps for 30 days a record of each menu as served.						

NAME OF FACILITY		DIETETIC SERVICES/ SPECIALIZED REHABILITATION SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
C. Hygiene of Staff							
F699	SNF (405.1125(f)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F700	In the event food service employees are assigned duties outside the dietetic service, these duties do not interfere with the sanitation, safety, or the time required for dietetic work assignments. (See §405.1121(g).)						
D. Sanitary Conditions							
F701	SNF (405.1125(g)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F702	Written reports of inspections by State and local health authorities are on file at the facility, with notation made of action taken by the facility to comply with any recommendations.						
Specialized Rehabilitation Services (Condition of Participation)							
F703	SNF (405.1126) The facility provides, or arranges for, under written agreement, specialized rehabilitative services by qualified personnel (i.e., physical therapy, speech pathology and audiology, and occupational therapy) as needed by residents to improve and maintain functioning. Safe and adequate space and equipment are available, commensurate with the services offered. If the facility does not offer such services directly, it does not admit nor retain residents in need of this care unless provision is made for such services under arrangement with qualified outside resources under which the facility assumes professional responsibility for the services rendered. (See §405.1121(i).)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				

NAME OF FACILITY		SPECIALIZED REHABILITATION SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
A. Staffing and Organization							
F704	SNF (405.1126(a)) (Standard) Indicators 1 thru 3 apply to SNFs	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F705	ICF (442.343) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F706	1. Specialized rehabilitative services are provided, in accordance with accepted professional practices, by qualified therapists or by qualified assistants or other supportive personnel under the supervision of qualified therapists.						
F707	2. Other rehabilitative services also may be provided, but must be in a facility where all rehabilitative services are provided through an organized rehabilitative service under the supervision of a physician qualified in physical medicine who determines the goals and limitations of these services and assigns duties appropriate to the training and experience of those providing such services. Exception: Does not apply to ICFs.						
F708	3. Written administrative and resident care policies and procedures are developed for rehabilitative services by appropriate therapists and representatives of the medical, administrative, and nursing staffs. Exception: Does not apply to ICF's See General Requirements 442.305						

NAME OF FACILITY		SPECIALIZED REHABILITATION SERVICES/ PHARMACEUTICAL SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
B. Documentation of Services							
F709	<p>SNF (405.1126(c)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>The physician's order, the plan of rehabilitative care, services rendered, evaluations of progress, and other pertinent information are recorded in the patient's medical record, and are dated and signed by the physician ordering the service and the person who provided the service.</p>						
C. Qualifying to Provide Outpatient Physical Therapy Services							
F710	<p>SNF (405.1126(d)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>If the facility provides outpatient physical therapy services, it meets the applicable health and safety regulations pertaining to such services as are included in Subpart Q of this part. (See §405.1719, 405.1720, 405.1722(a) and (b)(1)(2)(3)(i), (4), (5), (6), (7), and (8); and 405.1725.)</p>						
Pharmaceutical Services (Condition of Participation)							
F711	<p>SNF (405.1127) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>The facility has appropriate methods and procedures for the dispensing and administering of drugs and biologicals. The facility is responsible for providing such drugs and biologicals for its residents, insofar as they are covered under the programs, and for ensuring that pharmaceutical services are provided in accordance with accepted professional principles.</p>						

NAME OF FACILITY		PHARMACEUTICAL SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
A. Supervision of Services							
F712	SNF (405.1127(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F713	1. The pharmaceutical services are under the general supervision of a qualified pharmacist.						
F714	2. The pharmacist is responsible to the administrative staff for developing coordinating, and supervising all pharmaceutical services.						
F715	3. The pharmacist (if not a full-time employee) devotes a sufficient number of hours, based upon the needs of the facility, during regularly scheduled visits to carry out these responsibilities.						
F716	ICF (442.333) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F717	1. The facility employs a licensed pharmacist, or						
F718	2. The facility has formal arrangements with a licensed pharmacist to advise the facility on ordering, storage, administration, disposal and recordkeeping of drugs and biologicals.						
B. Control and Accountability							
F719	SNF (405.1127(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F720	1. The pharmaceutical service has procedures for control and accountability of all drugs and biologicals throughout the facility.						
F721	2. Only approved drugs and biologicals are used in the facility.						
F722	3. Records of receipt and disposition of all controlled drugs are maintained in sufficient detail to enable an accurate reconciliation.						

NAME OF FACILITY		PHARMACEUTICAL SERVICES/ LABORATORY AND RADIOLOGIC SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
		C. Pharmaceutical Services Committee					
F723	SNF (405.1127(d)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F724	1. A pharmaceutical services committee or its equivalent develops written policies and procedures for safe and effective drug therapy, distribution, control and use.						
F725	2. The committee is comprised of at least the pharmacist, the director of nursing services, the administrator, and one physician.						
F726	3. The committee oversees pharmaceutical services in the facility, makes recommendations for improvement, and monitors the service to ensure its accuracy and adequacy.						
		Laboratory and Radiologic Services (Condition of Participation)					
F727	SNF (405.1128) The facility has provision for promptly obtaining required laboratory, X-ray, and other diagnostic services.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
		A. Provision for Services					
F728	SNF (405.1128(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F729	1. If the facility provides its own laboratory and X-ray services, these meet the applicable conditions established for certification of hospitals that are contained in 405.1028 and 405.1029, respectively.						

NAME OF FACILITY		LABORATORY AND RADIOLOGIC SERVICES/ DENTAL SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
F730	2. If the facility itself does not provide such services, arrangements are made for obtaining these services from a physician's office, a participating hospital or skilled nursing facility, or a portable X-ray supplier or independent laboratory which is approved to provide these services under the program.						
F731	3. The facility assists the resident, if necessary, in arranging for transportation to and from the source of service.						
B. Blood and Blood Products							
F732	SNF (405.1128(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F733	1. Blood handling and storage facilities are safe, adequate, and properly supervised.						
F734	2. If the facility provides for maintaining and transfusing blood and blood products, it meets the conditions established for certification of hospitals that are contained in §405.1028(j).						
F735	3. If the facility does not provide its own facility but does provide transfusion services alone, it meets at least the requirements of §405.1028(j)(1), (3), (4), (6), and (9).						
Dental Services (Condition of Participation)							
F736	SNF (405.1129) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET The facility has satisfactory arrangements to assist residents to obtain routine and emergency dental care (See §405.1121(i)). (The basic Hospital Insurance Program does not cover the services of a dentist in a skilled nursing facility in connection with the care, treatment, filling, removal, or replacement of teeth or structures supporting the teeth, and only certain oral surgery is included in the Supplemental Medical Insurance Program.)						

NAME OF FACILITY		DENTAL SERVICES/SOCIAL SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
A. Advisory Dentist							
F737	SNF (405.1129(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F738	A dentist recommends oral hygiene policies and practices for the care of residents. (§405.1121(h).						
B. Arrangements of Outside Services							
F739	SNF (405.1129(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F740	1. The facility has a cooperative agreement with a dentist, and						
F741	2. Maintains a list of dentists in the community for residents who do not have a private dentist.						
F742	3. The facility assists the resident, if necessary, in arranging for transportation to and from the dentist's office.						
Social Services (Condition of Participation)							
F743	SNF (405.1130) The facility has satisfactory arrangements for identifying the medically related social and emotional needs of the resident. It is not mandatory that the skilled nursing facility itself provide social services in order to participate in the program. If the facility does not provide social services, it has written procedures for referring residents in need of social services to appropriate social agencies. If social services are offered by the facility, they are provided under a clearly defined plan, by qualified persons, to assist each resident to adjust to the social and emotional aspects of the resident's illness, treatment, and stay in the facility.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				

NAME OF FACILITY		YES		NO		N/A		EXPLANATORY STATEMENT	
CODE		SOCIAL SERVICES							
A. Social Service Functions									
F744	SNF (405.1130(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET						
F745	Services are provided to meet the social and emotional needs of residents by qualified staff of the facility, or by referral, based on established procedures, to appropriate social agencies.								
F746	ICF (442.344(b))	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET						
	The facility either provides these services itself or arranges for them with qualified outside resources.								
B. Staffing									
F747	SNF (405.1130(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET						
F748	1. If the facility offers social services, a member of the staff of the facility is designated as responsible for social services.								
F749	2. If the designated person is not a qualified social worker, the facility has a written agreement with a qualified social worker or recognized social agency for consultation and assistance on a regularly scheduled basis. (See §405.1101(s).)								
F750	3. The social service also has sufficient supportive personnel to meet resident needs.								
F751	4. Facilities are adequate for social service personnel, easily accessible to residents and medical and other staff, and ensure privacy for interviews.								

NAME OF FACILITY		SOCIAL SERVICES/ACTIVITIES		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
F752	ICF (442.344(c))	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F753	The facility designates one staff member, qualified by training or experience, to be responsible for:						
	a. Arranging for social services; and						
	b. Integrating social services with other elements of the plan of care.						
	C. Records and Confidentiality						
F755	SNF (405.1130(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F756	Records of pertinent social data about personal and family problems medically related to the resident's illness and care, and of action taken to meet the resident's needs, are maintained in the resident's medical records.						
F757	If social services are provided by an outside resource, a record is maintained of each referral to such resource.						
	Activities (Condition of Participation)						
F758	SNF (405.1131)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	The facility provides for an activities program, appropriate to the needs and interests of each resident, to encourage self care, resumption of normal activities, and maintenance of an optimal level of psychosocial functioning.						

NAME OF FACILITY		ACTIVITIES/MEDICAL RECORDS		YES	NO	N/A	EXPLANATORY STATEMENT
A. Staffing							
F759	SNF (405.1131(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F760	A member of the facility's staff is designated as responsible for the activities program.						
F761	If not a qualified activities coordinator, this staff member functions with frequent, regularly scheduled consultation from a person so qualified. (See §405.1101(o).)						
F762	ICF (442.345(b)) The facility designates one staff member, qualified by training or experience in directing group activity, to be responsible for activity service.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
Medical Records (Condition of Participation)							
F763	SNF (405.1132) The facility maintains clinical (medical) records on all residents in accordance with accepted professional standards and practices. The medical record service has sufficient staff, facilities, and equipment to provide medical records that are completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F764	ICF (442.318(a)) The facility maintains an organized resident record system that contains a record for each resident.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				

NAME OF FACILITY		MEDICAL RECORDS		YES	NO	N/A	EXPLANATORY STATEMENT
A. Staffing							
F765	SNF (405.1132(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F766	1. Overall supervisory responsibility for the medical record service is assigned to a full-time employee of the facility.						
F767	2. The facility also employs sufficient supportive personnel competent to carry out the functions of the medical record service.						
F768	3. If the medical record supervisor is not a qualified medical record practitioner, this person functions with consultation from a person qualified. (See §405.1101(l).)						
B. Protection of Medical Record Information							
F769	SNF (405.1132(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F770	ICF (442.318(d))	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F771	The facility safeguards medical record information against loss, destruction, or unauthorized use.						
C. Physician Documentation							
F772	SNF (405.1132(d)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F773	1. Only physicians enter or authenticate in medical records opinions that require medical judgment (in accordance with medical staff bylaws, rules, and regulations, if applicable).						
F774	2. All physicians sign their entries into the medical record.						

NAME OF FACILITY		YES		NO		N/A		EXPLANATORY STATEMENT	
CODE		MEDICAL RECORDS							
		D. Completion of Records and Centralization of Reports							
F775	SNF (405.1132(e)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET						
F776	1. Current medical records and those of discharged residents are completed promptly.								
F777	2. All clinical information pertaining to a resident's stay is centralized in the resident's medical record.								
		E. Retention and Preservation							
F778	SNF (405.1132(f)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET						
		Medical records are retained for a period of time not less than that determined by the respective State statute, the statute of limitations in the State, or 5 years from the date of discharge in the absence of a State statute, or, in the case of a minor, 3 years after the resident becomes of age under State law.							
F779	ICF (442.318(e))	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET						
		The facility must keep a resident's record for at least 3 years after the resident is discharged.							
		F. Location and Facilities							
F780	SNF (405.1132(h)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET						
		The facility maintains adequate facilities and equipment, conveniently located to provide efficient processing of medical records (reviewing, indexing, filing, and prompt retrieval).							

NAME OF FACILITY		TRANSFER AGREEMENT		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	Transfer Agreement (Condition of Participation)						
F781	SNF (405.1133)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F782	ICF (442.316) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F783	The facility has in effect a transfer agreement with one or more hospitals approved for participation under the programs, which provides the basis for effective working arrangements under which inpatient hospital care or other hospital services are available promptly to the facility's residents when needed. (A facility that has been unable to establish a transfer agreement with the hospital(s) in the community or service area after documented attempts to do so is considered to have such an agreement in effect.) Exception: A facility that has been unable to establish a written agreement after documented attempts to do so, is considered to have such an agreement.						
	Resident Transfer						
F784	SNF (405.1133(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F785	A hospital and a skilled nursing facility shall be considered to have a transfer agreement in effect if, by reason of a written agreement between them or (in case of two institutions are under common control) by reason of a written undertaking by the person or body which controls them, there is reasonable assurance that: 1. Transfer of patients will be effected between the hospital and the skilled nursing facility, ensuring timely admission, whenever such transfer is medically appropriate as determined by the attending physician.						

NAME OF FACILITY		TRANSFER AGREEMENT/PHYSICAL ENVIRONMENT		YES	NO	N/A	EXPLANATORY STATEMENT
F786	2. There will be interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between institutions, or in determining whether such individuals can be adequately cared for otherwise than in either of such institutions.						
F787	3. Security and accountability for residents' personal effects are provided on transfer.						
	Physical Environment (Condition of Participation)						
F788	SNF (405.1134) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET The facility is constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.						
	A. Life Safety from Fire						
	SNF (405.1134(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
	ICF (442.321) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
	(See appropriate HCFA Fire Safety survey form.)						
	B. Maintenance of Equipment, Building, and Grounds						
F789	SNF (405.1134(i)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F790	The facility establishes a written preventative maintenance program to ensure that all equipment is operative.						

NAME OF FACILITY		INFECTION CONTROL		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	Infection Control (Condition of Participation)						
F791	<p>SNF (405.1135)</p> <p><input type="checkbox"/> MET <input type="checkbox"/> NOT MET</p> <p>The facility establishes an infection control committee of representative professional staff with responsibility for overall infection control in the facility. All necessary housekeeping and maintenance services are provided to maintain a sanitary and comfortable environment and to help prevent the development and transmission of infection.</p>						
	A. Infection Control Committee						
F792	SNF (405.1135(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F793	1. The infection control committee is composed of members of the medical and nursing staffs, administration, and the dietetic, pharmacy, housekeeping, maintenance, and other services.						
F794	2. The committee establishes policies and procedures for investigating, controlling, and preventing infection in the facility.						
F795	3. The committee monitors staff performance to ensure that the policies and procedures are executed.						
	B. Aseptic and Isolation Techniques						
F796	SNF (405.1135(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F797	1. The facility has written procedures for aseptic and isolation techniques.						
F798	2. These procedures are reviewed and revised for effectiveness and improvement as necessary.						

NAME OF FACILITY		INFECTION CONTROL		YES	NO	N/A	EXPLANATORY STATEMENT
C. Housekeeping							
F799	SNF (405.1135(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F800	1. The facility employs sufficient housekeeping personnel.						
F801	2. Provides all necessary equipment to maintain a safe, clean and orderly interior.						
F802	3. A full-time employee is designated responsible for the services and for supervision and training of personnel.						
F803	4. If a facility has a contract with an outside resource for housekeeping services, the facility and/or outside resource meets the requirements of the standards.						
D. Pest Control							
F804	SNF (405.1135(e)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	The facility has an ongoing pest control program.						

NAME OF FACILITY		DISASTER PREPAREDNESS		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	Disaster Preparedness (Condition of Participation)						
F805	SNF (405.1136) The facility has a written plan, periodically rehearsed, with procedures to be followed in the event of an internal or external disaster and for the care of casualties (residents and personnel) arising from such disasters.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	A. Plan						
F806	IOF (442.313) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F807	1. The facility has a written plan for staff and residents to follow in case of emergencies such as fire or explosion.						
F808	2. The facility rehearses the plan regularly.						
F809	3. The facility has written procedures for the staff to follow in case of an emergency involving an individual resident.						
F810	4. These procedures include: a. Caring for the resident. b. Notifying the attending physician and other individuals responsible for the resident. c. Arranging for transportation, hospitalization, and other appropriate services.						
F811							
F812							
F813	SNF (405.1136(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F814	1. The facility has an acceptable written plan in operation, with procedures to be followed in the event of fire, explosion, or other disaster.						
F815	2. The plan is developed and maintained with the assistance of qualified fire, safety, and other appropriate experts.						

NAME OF FACILITY		DISASTER PREPAREDNESS/UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
F816	3. Includes procedures for prompt transfer of casualties and records.						
F817	4. Instructions regarding the location and use of alarm systems and signals and of fire-fighting equipment.						
F818	5. Information regarding methods of containing fire.						
F819	6. Procedures for notification of appropriate persons.						
F820	7. Specifications of evacuation routes and procedures. (See §405.1134(a).)						
B. Orientation and training							
F821	SNF (405.1136(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F822	The disaster program includes orientation and ongoing training and drills for all personnel in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster (See §405.1121(h).)						
Utilization Review (Condition of Participation)							
F823	SNF (405.1137) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
The facility carries out utilization review of the services provided in the facility to residents who are entitled to benefits under the program(s). Utilization review assures the maintenance of high quality care and appropriate and efficient utilization of facility services. There are two elements to utilization review: medical care evaluation studies and review of extended duration cases.							

NAME OF FACILITY		UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
A. Plan							
F824	SNF (405.1137(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F825	1. The facility has a currently applicable written description of its utilization review plan.						
F826	2. Such description includes:						
	a. The organization and composition of the committee or group which will be responsible for the utilization review function.						
F827	b. Methods of criteria (including norms where available) to be used to define periods of continuous extended duration and to assign or select subsequent dates for continued stay review.						
F828	c. Methods for selection and conduct of medical care evaluation studies.						
B. Organization and Composition of Utilization Review Committees							
F829	SNF (405.1137(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F830	1. The utilization review (UR) function is conducted by:						
	a. A staff committee of the skilled nursing facility which is composed of two or more physicians, with participation of other professional personnel; or,						

NAME OF FACILITY		UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
F831	b. A group outside the facility which is similarly composed and which is established by the local medical or osteopathic society and some or all of the hospitals and skilled nursing facilities in the locality; or (indicate name of the outside group and briefly describe the organization.)						
F832	c. A group established and organized in a manner approved by the Secretary that is capable of performing such function.						
F833	2. The medical care evaluation studies, educational duties of the review program, and the review of admissions and long-stay cases are performed by: a. the same committee or group; b. or more committees or groups. Briefly explain who performs these functions.						
F834							
	C. Medical Care Evaluation Studies						
F835	SNF (405.1137(c)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F836	1. Medical care evaluation studies are performed to promote the most effective and efficient use of available health facilities and services consistent with resident needs and professionally recognized standards of health care.						
F837	2. Studies emphasize identification and analysis of patterns of resident care and suggest, where appropriate, possible changes for maintaining consistently high quality care and effective and efficient use of services.						

NAME OF FACILITY		UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
F838	3. Each medical care evaluation study identifies and analyzes factors related to the care rendered in the facility and where indicated, results in recommendations for change beneficial to residents, staff, the facility, and the community.						
F839	4. Studies, on a sample or other basis, include, but need not be limited to, admissions, durations of stay, ancillary services furnished (including drugs and biologicals), and professional services performed on premises.						
F840	At least one study was completed during the last year. Type of study last completed: _____						
D. Extended Stay Review							
F841	SNF (405.1137(d)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F842	1. Periodic review is made of each current inpatient skilled nursing facility beneficiary case of continuous extended duration, and the length of which is defined in the utilization review plan to determine whether further inpatient stay is necessary.						
F843	2. The review is based on the attending physician's reasons for and plan for continued stay and any other documentation the committee or group deems appropriate.						
F844	3. Cases are screened by: a. A qualified non-physician representative of the committee. b. The group.						
F845							
F846	c. The reviewer uses criteria established by the physician members of the committee.						

NAME OF FACILITY		UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
F847	4. In instances when non-physician members are utilized, those cases are referred to a physician member for further review when it appears that the resident no longer requires further inpatient care.						
F848	5. Non-physician representatives used to screen extended stay review cases, have experience in such screening or appropriate training in the application of the screening criteria used, or both.						
F849	6. Before the expiration of each new period, the case must be reviewed again in like manner with such reviews being repeated as long as the stay continues beyond the scheduled review dates and notice has not been given pursuant to paragraph (e) of this section.						
	E. Further Stay Not Medically Necessary						
F850	SNF (405.1137(e)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F851	1. A final determination of the committee or group that continued stay is not medically necessary is made by at least two physician members of the committee or group, except that the final determination may be made by one physician where the attending physician, when given an opportunity to express his views, does not do so, or does not contest the finding that the continued stay is not medically necessary.						
F852	2. If the committee or group, or its nonphysician representative where a physician member concurs, has reason to believe from the review of an extended duration case or a case reviewed as part of a medical care evaluation study that further stay is no longer medically necessary, the committee or group shall notify the individual's attending physician and afford him an opportunity to present his views before it makes a final determination.						

NAME OF FACILITY		UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
F853	3. If the final determination of the committee or group is that further stay is no longer medically necessary, written notification of the finding is given to the facility, the attending physician, and the individual (or where appropriate, his next of kin) no later than 2 days after such final determination is made and, in no event in the case of an extended duration case, later than 3 working days after the end of the extended duration period specified pursuant to paragraph (d) of this section.						
F. Administrative Responsibilities							
F854	SNF (405.1137(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F855	The administrative staff of the facility is kept directly and fully informed of committee activities to facilitate support and assistance. (Explain)						
G. Utilization Review Records							
F856	SNF (405.1137(g)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F857	1. Written records of committee activities are maintained.						
F858	2. Appropriate reports, signed by the committee chairman, are made regularly to the medical staff, administrative staff, governing body, and sponsors (if any).						
F859	3. Minutes of each committee meeting is maintained and include at least: a. Name of committee. b. Date and duration of meeting. c. Names of committee members present and absent.						
F860							
F861							

NAME OF FACILITY		UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
CODE		4. Description of activities presently in progress to satisfy the requirements for medical care evaluation studies, including the subject, reason for study, dates of commencement and expected completion, summary of studies completed since the last meeting, conclusions and follow-up on implementation of recommendations made from previous studies.					
F862							
F863		5. Summary of extended duration cases reviewed including the number of cases, identification number, admission and review dates, and decision reached, including the basis for each determination and action taken for each case not approved for extended care.					
		H. Discharge Planning					
F864		SNF (405.1137(h)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET The facility maintains a centralized, coordinated program to ensure that each resident has a planned program of continuing care which meets his postdischarge needs.					
F865		1. The facility has in operation an organized discharge planning program.					
F866		The utilization review committee, in its evaluation of the current status of each extended duration case, has available to it the results of such discharge planning and information on alternative available community resources to which the resident may be referred.					
F867		2. The facility maintains written discharge planning procedures which describe: a. How the discharge coordinator will function, and his authority and relationships with the facility's staff. b. The maximum time period after which reevaluation of each resident's discharge plan is made.					
F868							

NAME OF FACILITY		UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
F869	c. Local resources available to the facility, the resident, and the attending physician to assist in developing and implementing individual discharge plans; and						
F870	d. Provisions for periodic review and reevaluation of the facility's discharge planning program.						
F871	3. At the time of discharge, the facility provides those responsible for the resident's post discharge care with appropriate summary of information about the discharged resident to ensure the optimal continuity of care.						
	The discharge summary includes at least the following:						
F872	a. Current information relative to diagnoses.						
F873	b. Rehabilitation potential.						
F874	c. A summary of the course of prior treatment.						
F875	d. Physician orders for the immediate care of the resident.						
F876	e. Pertinent social information.						

\$ 488.105

LONG TERM CARE SURVEY

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0060

PROVIDER NUMBER

VENDOR NUMBER

SURVEY DATE

FACILITY NAME AND ADDRESS (City, State, Zip)

SURVEYORS' NAMES

TITLES

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Discipline:

A.	Administrator	
B.	Nurse	
C.	Dietitian	
D.	Pharmacist	
E.	Records Administrator	
F.	Social Worker	
G.	Qualified Mental Health Professional	

Note: More than one discipline may be marked for surveyors qualified in multiple disciplines.

F2 Indicate the Total Number of Surveyors Onsite: _____

(CONTINUED ON REVERSE)

Page 1

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS									
PROVIDER NO. _____		F3 MEDICARE <input type="checkbox"/>		F4 MEDICAID <input type="checkbox"/>		F5 OTHER <input type="checkbox"/>		F6 TOTAL RESIDENTS _____	
CODE		CONTINENCE							
BATHING									
F7	Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.	F22 _____							
F8	Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.	F23 _____							
F9	TOTAL*	F24 _____							
DRESSING									
F10	Number of residents totally dressed by another person.	F25 TOTAL* _____							
F11	Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)	F26 _____							
F12	Number of residents able to get clothes from closets and drawers—puts on clothes, outer garments, braces—manages fasteners. Act of tying shoes is excluded.	F27 _____							
F13	TOTAL*	F28 _____							
TOILETING									
F14	Number of residents not toileted. (Use protective padding, catheter.)	F29 _____							
F15	Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.	F30 TOTAL* _____							
F16	Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.	F31 _____							
F17	TOTAL*	F32 _____							
TRANSFERRING									
F18	Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).	F33 _____							
F19	Number of residents needing assistance in transferring to toilet and tub only.	F34 _____							
F20	Number of residents able to complete all transfers independently (may or may not be using mechanical supports).	F35 _____							
F21	Total*	F36 _____							
		F37 _____							
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		F99 _____							
		F100 _____							

Health Care Financing Administration, HHS

\$ 488.100

Health Care Financing Administration, HHS

\$ 488.105

NAME OF FACILITY		GOVERNING BODY		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	GOVERNING BODY (CONDITION OF PARTICIPATION)						
F50	SNF (405.1121) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
	RESIDENT RIGHTS						
F51	SNF (405.1121(k)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET Indicators A thru K apply to this standard for SNFs						
F52	ICF (442.311) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET Indicators A thru K apply to this standard for ICFs						
	A. Information						
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.						
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.						
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.						
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.						
F57	5. The resident must be informed in writing of all services and charges for services.						
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.						
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.						

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§ 488.100

42 CFR Ch. IV (10–1–96 Edition)

§ 488.105

42 CFR Ch. IV (10–1–96 Edition)

NAME OF FACILITY		GOVERNING BODY		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
B. Medical Condition and Treatment							
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.						
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.						
F62	3. Each resident is given an opportunity to refuse treatment.						
F63	4. Each resident gives informed, written consent before participating in experimental research.						
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.						
C. Transfer and Discharge							
	Each resident is transferred or discharged only for:						
F65	1. Medical reasons.						
F66	2. His/her welfare or that of other residents.						
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.						
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. EXCEPTION: Not required for ICF residents.						
D. Exercising Rights							
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.						
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.						

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NAME OF FACILITY		GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.					
E. Financial Affairs						
F72	1. Residents are allowed to manage their own personal financial affairs.					
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.					
F74	3. The facility does not commingle resident funds with any other funds.					
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.					
	5. The facility system of accounting includes written receipts for:					
F76	All personal possessions and funds received by or deposited with the facility.					
F77	All disbursements made to or for the resident.					
F78	6. The financial record must be available to the resident and his/her family.					
F. Freedom from Abuse and Restraints						
F79	1. Each resident is free from mental and physical abuse.					
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.					

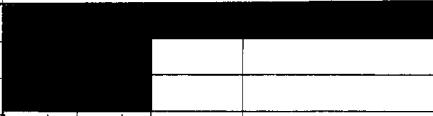
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NAME OF FACILITY		GOVERNING BODY		YES	NO	N/A	EXPLANATORY STATEMENT
F81		3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.					
F82		4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.					
F83		5. The emergency use is reported promptly to the resident's physician by the staff member.					
		G. Privacy					
F84		1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.					
F85		2. Each resident is given privacy during treatment and care of personal needs.					
F86		3. Each resident's records, including information in an automated data bank, are treated confidentially.					
F87		4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.					
F88		5. Married residents are given privacy during visits by their spouses.					
F89		6. Married residents are permitted to share a room.					
		H. Work					
F90		No resident may be required to perform services for the facility.					

NAME OF FACILITY		GOVERNING BODY		YES	NO	N/A	EXPLANATORY STATEMENT
I. Freedom of Association and Correspondence							
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.						
F92	2. Each resident is allowed to send and receive personal mail unopened.						
J. Activities							
F93	Each resident is allowed to participate in social, religious, and community group activities.						
K. Personal Possessions							
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.						
L. Delegation of Rights and Responsibilities							
F95	ICF (442.312) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.						
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.						

NAME OF FACILITY		GOVERNING BODY		YES	NO	N/A	EXPLANATORY STATEMENT
F98	STAFF DEVELOPMENT SNF (405.1121(h)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F99	ICF (442.314) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.						
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.						
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.						
	STATUS CHANGE NOTIFICATIONS						
F103	SNF (405.1121(j)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F104	ICF (442.307) (Standard)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.						
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.						

NAME OF FACILITY		PHYSICIANS' SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT	
CODE	PHYSICIANS' SERVICES (CONDITION OF PARTICIPATION)							
F107	SNF (405.1123)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F108	A. Medical Findings and Orders at Time of Admission							
F109	SNF (405.1123(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.							
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.							

NAME OF FACILITY		PHYSICIANS' SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
CODE		B. Resident Supervision by Physician					
F111	SNF (405.1123(0)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F112	ICF (442.346) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
		Indicators B and C apply to this standard for ICFS.					
F113	1. Every resident must be under the supervision of a physician.						
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. Exception: Not required for ICF residents						
F115	3. A physician is available to provide care in the absence of any resident's attending physician.						
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. Exception: Not required for ICF residents.						
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.						
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. Exception: Only medications must be reviewed quarterly for ICF residents.						

NAME OF FACILITY		PHYSICIANS' SERVICES/NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.						
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. EXCEPTION: Not required for ICF residents.						
F121	C. Emergency Services SNF (405.1123(c)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.						
F123	NURSING SERVICES (CONDITION OF PARTICIPATION) SNF (405.1124) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F124	SNF (405.1124(c)) (Standard) <input type="checkbox"/> Met <input type="checkbox"/> Not Met Indicators A and B apply to this standard for SNFs						
F125	ICF (442.338) <input type="checkbox"/> Met <input type="checkbox"/> Not Met Indicators A thru E apply to this standard for ICFs except where noted.						
F126	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. 1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.						

NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.						
F128	3. Each resident receives care necessary to prevent skin breakdown.						
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.						
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.						
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.						
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.						
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding						
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.						

NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.						
F136	11. Adequate resident care supplies are available for providing treatments.						
F137	B. Twenty-Four Hour Nursing Service 1. Nursing personnel, including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. EXCEPTION: Not required for ICFs.						
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) Exception: Not required for Freestanding ICFs.						
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.						
F140	4. There is a registered nurse on the day tour of duty 7 days a week. Exception: Not required for ICF residents.						

NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
		C. Charge Nurse					
F141	SNF (405.1124(b))	(Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. Exception: Not required for ICFs.						
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. Exception: Not required for ICFs.						
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. Exception: Not required for SNFs.						

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift	CODE	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP															
	Entire Facility															
EVENING	DP															
	Entire Facility															
NIGHT	DP															
	Entire Facility															

Shift	CODE	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP															
	Entire Facility															
EVENING	DP															
	Entire Facility															
NIGHT	DP															
	Entire Facility															

NAME OF FACILITY _____

Shift	CODE	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151														
	Entire Facility	F152														
EVENING	DP	F153														
	Entire Facility	F154														
NIGHT	DP	F155														
	Entire Facility	F156														

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE	RN		PN		A	
		REPORT	ACTUAL	REPORT	ACTUAL	REPORT	ACTUAL
DAY	F157						
	F158						
EVENING	F159						
	F160						
NIGHT	F161						
	F162						

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163															
	F164															
	F165															
NIGHT																
CENSUS																

NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
D. PATIENT CARE MANAGEMENT							
F167	SNF (405.1124(d)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F168	ICF (442.341) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F169	1 Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.						
F170	2 Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.						
	E. Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.						
F171	SNF (405.1124(e)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F172	ICF (442.342) (Standard)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.						
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include:						
F175	(a) Range of motion, ambulation, turning and positioning and other activities;						
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;						
F177	(c) Remotivation therapy and/or reality orientation when appropriate.						
F178	3. These activities are coordinated with other resident care services.						

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NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.						
F179	SNF (405.1124(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.						
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.						
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.						

NAME OF FACILITY		NURSING SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
		G. Administration of Drugs					
F183		SNF (405.1124(g)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F184		ICF (442.337) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F185		1. The resident is identified prior to administration of a drug.					
F186		2. Drugs and biologicals are administered as soon as possible after doses are prepared.					
F187		3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.					
F188		Exception: ICF residents may self administer medication only with their physician's permission.					
		H. Conformance with Physician Drug Orders					
F189		SNF (405.1124(h)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F190		ICF (442.334) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F191		Drugs are administered in accordance with written orders of the attending physician.					
F192		Drug Error Rate _____ % (See Form IICPA-522)					

NAME OF FACILITY		DIETETIC SERVICES (CONDITION OF PARTICIPATION)		YES	NO	N/A	EXPLANATORY STATEMENT
F193	SNF (405.1125)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F194	ICF (442.332) (Standard) Indicators A and B apply to this standard for ICFS.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
A. Menu and Nutritional Adequacy							
F195	SNF (405.1125(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.						
B. Therapeutic Diets							
F197	SNF (405.1125(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.						
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.						
F200	Number of Regular Diets _____						
F201	Number of Therapeutic Diets _____						
F202	Number of Mechanically Altered Diets _____						
F203	Number of Tube Feedings _____						

NAME OF FACILITY		DIETETIC SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
C. Preparation							
F204	SNF (405.1125(e)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.						
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.						
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.						
D. Frequency							
F208	SNF (405.1125(d)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F209	ICF (442.331) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.						
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents.						
Exception: Not required for ICF Residents.							
E. Staffing							
F212	SNF (405.1125(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.						

NAME OF FACILITY		SPECIALIZED REHABILITATIVE SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	SPECIALIZED REHABILITATIVE SERVICES (CONDITION OF PARTICIPATION)						
F214	SNF (405.1126) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F215	SNF (405.1126(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F216	ICF (442.343) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
	A. Plan of Care						
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapists(s) and the nursing service.						
	B. Therapy						
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.						
	C. Progress						
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. Exception: ICF resident's progress must be reviewed regularly.						

NAME OF FACILITY		SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES		YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. Exceptions: ICF residents' plans must be revised as necessary.						
F221	PHARMACEUTICAL SERVICES (CONDITION OF PARTICIPATION) SNF (405.1127) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F222	A. Supervision SNF (405.1127(e)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F223	ICF (442.336) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.						

NAME OF FACILITY		PHARMACEUTICAL SERVICES		YES		NO		N/A		EXPLANATORY STATEMENT	
CODE	LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES										
B. Labeling of Drugs and Biologicals											
F225	SNF (405.1127(g)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET										
F226	ICF (442.333) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET										
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessory and cautionary instructions as well as an expiration date when applicable.										
LABORATORY AND RADIOLOGIC SERVICES (CONDITION OF PARTICIPATION)											
F228	SNF (405.1128) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET										
F229	SNF (405.1128(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET										
Provision of Services											
F230	1. All services are provided only on the orders of a physician.										
F231	2. The attending physician is notified promptly of diagnostic findings.										
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.										

NAME OF FACILITY		YES		NO		N/A		EXPLANATORY STATEMENT
CODE	SOCIAL SERVICES/ACTIVITIES							
F233	SOCIAL SERVICES (CONDITION OF PARTICIPATION) SNF (405.1130) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
F234	SNF (405.1130(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
F235	ICF (442.344) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
	A. Plan							
F236	The medically related social and emotional needs of the resident are identified.							
	B. Provision of Services							
F237	1. Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.							
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.							
	ACTIVITIES (CONDITION OF PARTICIPATION)							
F239	SNF(405.1131) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
	Provision of Services							
F240	SNF (405.1131(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							

NAME OF FACILITY		ACTIVITIES		YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.						
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.						
F244	3. The activities promote the physical, social and mental well-being of the resident.						
F245	4. Equipment is maintained in good working order.						
F246	5. Supplies and equipment are available.						

NAME OF FACILITY		MEDICAL RECORDS		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	MEDICAL RECORDS (CONDITION OF PARTICIPATION)						
F247	SNF (405.1132)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	Content						
F248	SNF (405.1132(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F249	ICF (442.318) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.						

NAME OF FACILITY		MEDICAL RECORDS		YES	NO	N/A	EXPLANATORY STATEMENT
		2. The medical record contains the following information:					
F251	a. Identification information						
F252	b. Admission data including past medical and social history						
F253	c. Transfer form, discharge summary from any transferring facility						
F254	d. Report of resident's attending physician						
F255	e. Report of physical examinations						
F256	f. Reports of physicians' periodic evaluations and progress notes						
F257	g. Diagnostic reports and therapeutic orders						
F258	h. Reports of treatments						
F259	i. Medications administered						
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.						
F261	k. Assessments and goals of each service's plan of care						
F262	l. Treatments and services rendered						
F263	m. Progress notes						
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.						

NAME OF FACILITY		YES		NO		N/A		EXPLANATORY STATEMENT
CODE	TRANSFER AGREEMENT (CONDITION OF PARTICIPATION)							
F265	SNF (405.1133)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F266	SNF (405.1133(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F267	ICF (442.316) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner. B. Information necessary for providing care and treatment to transferred individuals is provided.							
F269								

NAME OF FACILITY		PHYSICAL ENVIRONMENT (CONDITION OF PARTICIPATION)		YES	NO	N/A	EXPLANATORY STATEMENT
CODE	PHYSICAL ENVIRONMENT (CONDITION OF PARTICIPATION)						
F270	SNF (405.1134) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
	A. Nursing Unit						
F271	SNF (405.1134(d)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.						
F273	2. Utility and storage rooms are adequate in size.						
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.						
	B. Dining and Activities Area						
F275	SNF (405.1134(g)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F276	IOF (442.329) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.						
F278	2. Dining and activity rooms are well lighted and ventilated.						
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.						

NAME OF FACILITY		PHYSICAL ENVIRONMENT		YES	NO	N/A	EXPLANATORY STATEMENT
CODE							
F280	SNF (405.1134(e)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	INDICATORS C AND D APPLY TO THIS STANDARD FOR SNF						
	C. Resident Rooms						
F281	ICF (442.325) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F282	1. Single resident rooms have at least 100 square feet.						
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.						
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.						
F285	4. There is capability of maintaining privacy in each.						
F286	5. There is adequate storage space for each resident.						
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.						
F288	7. The resident call system functions in resident rooms.						
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.						
F290	9. Each room is at or above grade level.						
F291	10. Each room has direct access to a corridor and outside exposure.						
	Exception: Not required for ICF residents.						

NAME OF FACILITY		YES		NO		N/A		EXPLANATORY STATEMENT
CODE	PHYSICAL ENVIRONMENT							
D. Toilet and Bath Facilities								
F292	ICF (442.326) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
F293	1. Facilities are clean, sanitary and free of odors.							
F294	2. Facilities have safe and comfortable hot water temperatures.							
F295	3. Facilities maintain privacy.							
F296	4. Facilities have grab bars and other safeguards against slipping.							
F297	5. Facilities have fixtures in good condition.							
F298	6. The resident call system functions in toilet and bath facilities.							
E. Social Service Area								
F299	SNF (405.1130(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
F300	1. Ensures privacy for social service interviewing.							
F301	2. Adequate space for clerical and interviewing functions is provided.							
F302	3. Facilities are easily accessible to residents and staff.							

NAME OF FACILITY		PHYSICAL ENVIRONMENT		YES	NO	N/A	EXPLANATORY STATEMENT
F. Therapy Areas							
F303	SNF (405.1128(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F304	ICF (442.328(a))	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.						
F306	2. Equipment is safe and in proper working condition.						
G. Facilities for Special Care							
F307	SNF (405.1134(i)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F308	ICF (442.328(b))	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.						
F310	2. Precautionary signs are used to identify these rooms when in use.						
H. Common Resident Areas							
F311	SNF (405.1134(j)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F312	ICF (442.324) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.						
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.						
F315	3. There is limitation of sounds at comfort levels.						

NAME OF FACILITY		PHYSICAL ENVIRONMENT		YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.						
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.						
F318	6. Corridors are equipped with firmly secured handrails on each side.						
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.						
I. Maintenance of Building and Equipment							
F320	SNF (405.1134(i)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F321	1. The interior and exterior of the building are clean and orderly.						
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.						
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.						
F324	4. Resident care equipment is clean and maintained in safe operating condition.						
F325	ICF (442.331(b)) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET Indicators J thru L apply to ICFs.						
J. Dietetic Service Area							
F326	SNF (405.1134(h)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents						
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.						

NAME OF FACILITY		PHYSICAL ENVIRONMENT/INFECTION CONTROL		YES	NO	N/A	EXPLANATORY STATEMENT
K. HYGIENE OF DIETARY STAFF							
F329	SNF (405.1125(f)) (Standard)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met				
F330	Dietetic service personnel practice hygienic food handling techniques.						
L. DIETARY SANITARY CONDITIONS							
F331	SNF (405.1125(g)) (Standard)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.						
F333	2. Waste is disposed of properly.						
M. Emergency Power							
F334	SNF (405.1134(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.						
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.						
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.						
INFECTION CONTROL (CONDITION OF PARTICIPATION)							
F338	SNF (405.1135)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
A. Infection Control							
F339	SNF (405.1135(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.						

NAME OF FACILITY		INFECTION CONTROL/DISASTER PREPAREDNESS		YES	NO	N/A	EXPLANATORY STATEMENT
B. Sanitation							
F341	SNF (405.1135(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.						
C. Linen							
F343	SNF (405.1135(d)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F344	ICF (442.327) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.						
F346	2. Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of infection.						
D. PEST CONTROL							
F347	SNF (405.1135(e)) (Standard)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met				
F348	ICF (442.315(c)) (Standard)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met				
F349	The facility is maintained free from insects and rodents.						
DISASTER PREPAREDNESS (CONDITION OF PARTICIPATION)							
F350	SNF (405.1136)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F351	SNF (405.1136(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F352	ICF (442.313) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
Indicators A and B apply to this standard for ICPS.							
A. Disaster Plan							
F353	1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.						

NAME OF FACILITY		DISASTER PREPAREDNESS		YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.						
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.						
F356	4. Facility staff are aware of methods of containing fire.						
	B. Drills						
F357	SNF (405.1136(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.						
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.						

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY <small>SURVEY REPORT — PART 8 CRUCIAL DATA EXTRACT (To be used with 2-86 Revision of Form HCFA-519)</small>		
PROVIDER NO.	FACILITY NAME	SURVEY DATE
SURVEY TEAM COMPOSITION		
*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:		
A. _____ ADMINISTRATOR	H. _____ LIFE SAFETY CODE SPECIALIST	
B. _____ NURSE	I. _____ LABORATORIAN	
C. _____ DIETITIAN	J. _____ SANITARIAN	
D. _____ PHARMACIST	K. _____ THERAPIST	
E. _____ RECORDS ADMINISTRATOR	L. _____ PHYSICIAN	
F. _____ SOCIAL WORKER	M. _____ NATIONAL INSTITUTE OF MENTAL HEALTH	
G. _____ QUALIFIED MENTAL RETARDATION PROFESSIONAL	N. _____ OTHER	
NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.		
*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: _____		
*F193 DRUG ERROR RATE: _____ % (Round % to nearest whole number.)		
*SF5 Survey Form Indicator (Check one) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Traditional Survey (1) <input type="checkbox"/> </div> <div style="text-align: center;"> New LTC Survey (2) <input type="checkbox"/> </div> </div>		
NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.		

*Mandatory

Form HCFA-519E (2-86)

★U.S. GOVERNMENT PRINTING OFFICE : 1986 O - 153-203 : G2 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

RESIDENTS SELECTED FOR INDEPTH REVIEW

PROVIDER NUMBER	RESIDENT NAME (TARGETED)*	SURVEY DATE	ROOM NUMBER	REASON FOR SELECTION
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

FORM HCFA-529 (2-86)

* NOTE IF ICF OR SNF RESIDENT

* U.S. GPO 1986-O-181-264/3332

TOUR NOTES WORKSHEET		FORM APPROVED OMB NO. 0938-0400
PROVIDER NUMBER	SURVEY DATE	
<p>INSTRUCTIONS</p> <p>1. Note care and problems in care on all units.</p> <p>2. Report deficiencies directly to survey report form or evaluate further during indepth sample review.</p> <p>3. Select residents for indepth review.</p> <p>4. Select a proportionate number from each section.</p>		<p>INDEPTH SAMPLE</p> <p>Facility Census: 0-60 61-120 121-200 200+</p> <p>Sample Size: 25% (Min 10) 20% (Min 15) 15% (Min 20) 10% (Min 30)</p>
OBSERVE RESIDENTS FOR THE FOLLOWING CARE PROBLEMS		
GROOMING/PERSONAL HYGIENE		
POSITIONING		
ASSISTIVE DEVICES		
AMBULATION		
RESTRAINTS		
HYDRATION		
INFECTION CONTROL		
PATIENT RIGHTS		
OTHER		
FORM HCFA-521 (2-96)		U.S. GPO: 1996 O-181-244-530-57

OBSERVATION / INTERVIEW RECORD REVIEW WORKSHEET

OBSERVATION/INTERVIEW OF: (RESIDENT IDENTIFIER)

SURVEY DATE

INSTRUCTIONS

1. Observe each resident in sample to identify ADL needs and potential problems. Check appropriate blocks.
2. Interview only residents in sample who are capable and willing.
3. Review each resident's record to ensure assessments, plans, interventions and evaluations are appropriate and current.
4. Note deficiencies on survey report form after reviewing all residents in sample.

ADL'S		GROOMING/HYGIENE		RESTRAINTS		RESIDENT NEEDS		COLONOSTOMY/ILEOSTOMY		RESPIRATORY		REHABILITATION NEEDS		ACTIVITY NEEDS	
<input type="checkbox"/> Bathing	<input type="checkbox"/> Eyes/Ears/Mouth	<input type="checkbox"/> Type	<input type="checkbox"/> Inappropriate Application	<input type="checkbox"/> Present	<input type="checkbox"/> Congested/Short	<input type="checkbox"/> Cannot Communicate	<input type="checkbox"/> Not Participating	<input type="checkbox"/> Breach	<input type="checkbox"/> Not Well Regulated	<input type="checkbox"/> PPH Not Available	<input type="checkbox"/> Ineffective Use of	<input type="checkbox"/> Vision/Hearing	<input type="checkbox"/> Vision/Hearing	<input type="checkbox"/> Vision/Hearing	<input type="checkbox"/> Vision/Hearing
<input type="checkbox"/> Dressing	<input type="checkbox"/> Oral/Oral Hygiene	<input type="checkbox"/> Improper Body	<input type="checkbox"/> Poor Support	<input type="checkbox"/> Ood's	<input type="checkbox"/> Not Relaxed/Constipated	<input type="checkbox"/> Assistive Device	<input type="checkbox"/> Chair/Bed/Bathtub	<input type="checkbox"/> Ood's	<input type="checkbox"/> Poor Constipation	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Dependence 2-4 ADL's	<input type="checkbox"/> Dependence 2-4 ADL's	<input type="checkbox"/> Dependence 2-4 ADL's	<input type="checkbox"/> Dependence 2-4 ADL's
<input type="checkbox"/> Toileting	<input type="checkbox"/> Feet Care	<input type="checkbox"/> Not Released/Secured	<input type="checkbox"/> Hair/Scalp	<input type="checkbox"/> Not Relaxed/Secured	<input type="checkbox"/> Not Relaxed/Secured	<input type="checkbox"/> Hair/Scalp	<input type="checkbox"/> Nails	<input type="checkbox"/> Hair/Scalp	<input type="checkbox"/> Not Relaxed/Secured	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
<input type="checkbox"/> Feeding	<input type="checkbox"/> Clothing	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
<input type="checkbox"/> Feeding	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
<input type="checkbox"/> Feeding	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
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<input type="checkbox"/> Feeding	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
<input type="checkbox"/> Feeding	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
<input type="checkbox"/> Feeding	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
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<input type="checkbox"/> Feeding	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
<input type="checkbox"/> Feeding	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
<input type="checkbox"/> Feeding	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
<input type="checkbox"/> Feeding	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Nails	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 Hours	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment	<input type="checkbox"/> Proper Equipment
<input type="checkbox"/> Feeding	<input type="checkbox"/> Shoes/Slippers	<input type="checkbox"/> Bowel/Bladder													

NOTES:

Form HCFA-524 (2-88)

SEE REVERSE

RECORD REVIEW			
Drug Regimen Review (See SOM Appendix N Part 1):		ROUTINE REPORTS:	
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> Weights <input type="checkbox"/> Lab <input type="checkbox"/> X-ray <input type="checkbox"/> Other	
ASSESSMENT	PLAN	INTERVENTION	EVALUATION

PHYSICIAN SERVICES	
<input type="checkbox"/> Admission Information <input type="checkbox"/> Rehabilitation Information <input type="checkbox"/> Physical Exam <input type="checkbox"/> Written Care Plan	<input type="checkbox"/> Signs Orders/Notes <input type="checkbox"/> Required Visits <input type="checkbox"/> Emergency Availability <input type="checkbox"/> Review of Care

4115 OPO 1000-0181 26/4/3305

[illegible]

DRUG ERROR CALCULATION
(SEE SOM Appendix N Part 2)

How to Calculate a Medication Error Rate—In calculating the percentage of errors, the numerator in the ratio is the total number of errors that you observe, both significant and non-significant. The denominator is all the doses observed being administered **plus** the doses ordered but not administered. The equation for calculating a medication error rate is as follows:

$$\text{Medication Error Rate} = \frac{\text{Number of errors observed}}{\text{Opportunities for errors}} \times 100$$

Where: Opportunities for errors equals the number of doses administered **plus** the number of doses ordered but not administered.

Comments

For example, you observed the administration of drugs to 20 patients. There were a total of 47 drugs administered (47 opportunities for errors). At the completion of the reconciliation of your Observations with the physicians' orders, you find that three medication errors were made in administration and one medication was omitted (ordered but not administered). The omitted dose is included in both the numerator and the denominator. Therefore, following the above formula, your equation would be as follows:

$$\frac{3 + 1}{47 + 1} \times 100 = 8.3\%$$

• U.S.GPO 1988-0-181-204/53830

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0400	
DINING AREA & EATING ASSISTANCE WORKSHEET			
PROVIDER NUMBER	SURVEY DATE		
TASKS 1. Observe Dining Area. 2. Note Meals Served/Review Physicians Orders.		INSTRUCTIONS 3. Note Assistance Provided 4. Note Deficiencies on Survey Summary Form. * SAMPLE A MINIMUM OF FIVE (5) RESIDENTS *	
1. DINING AREA AND MEALS a. Size does not restrict movement. b. Accommodates all residents. c. Cleanliness. d. Adequate/comfortable lighting. e. Adequate/comfortable ventilation.			
2. SERVING OF MEALS * a. Number of meals/time span between meal. b. Conformance to physicians order. c. Nutritional adequacy. d. Adequacy of portions. e. Residents eat approximately 75% of meals. f. Puree dishes served individually. g. Food cut, chopped or ground for individual resident needs. h. Acceptable taste. i. Proper temperature. j. Plates covered.			
		SEE REVERSE	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

2. SERVING OF MEALS * (continued)

- k. Served promptly.
- l. Residents ready for meal when served.
- m. Attractive.
- n. Utensils available.
- o. Functional trays for bedfast residents.
- p. Salt, pepper, sugar, other condiments on resident's trays unless contraindicated.
- q. Medically able residents eating in dining area.
- r. Bedtime nourishment offered.

3. SUPERVISION OF RESIDENT NUTRITION

- a. Prompt assistance.
- b. Proper assistance (spoon-feeding; supervision or instruction to develop eating skills).
- c. Courteous and unhurried assistance.
- d. Self-help devices present (straws, easy grip utensils, special cup, etc.).
- e. Intake recorded/deviations from normal are reported.

FORM HCFA-523 (2-80)

* U.S. GPO 1986 O 181-704/578-34

§ 488.110 Procedural guidelines.

SNF/ICF Survey Process. The purpose for implementing a new SNF/ICF survey process is to assess whether the quality of care, as intended by the law and regulations, and as needed by the resident, is actually being provided in nursing homes. Although the onsite review procedures have been changed, facilities must continue to meet all applicable Conditions/Standards, in order to participate in Medicare/Medicaid programs. That is, the methods used to compile information about compliance with law and regulations are changed; the law and regulations themselves are not changed. The new process differs from the traditional process, principally in terms of its emphasis on resident outcomes. In ascertaining whether residents grooming and personal hygiene needs are met, for example, surveyors will no longer routinely evaluate a facility's written policies and procedures. Instead, surveyors will observe residents in order to make that determination. In addition, surveyors will confirm, through interviews with residents and staff, that such needs are indeed met on a regular basis. In most reviews, then, surveyors will ascertain whether the facility is actually providing the required and needed care and services, rather than whether the facility is capable of providing the care and services.

THE OUTCOME-ORIENTED SURVEY PROCESS—SKILLED NURSING FACILITIES (SNFs) AND INTERMEDIATE CARE FACILITIES (ICFs)

- (a) General.
- (b) The Survey Tasks.
- (c) Task 1—Entrance Conference.
- (d) Task 2—Resident Sample—Selection Methodology.
- (e) Task 3—Tour of the Facility.
- (f) Task 4—Observation/Interview/Medical Record Review (including drug regimen review).
- (g) Task 5—Drug Pass Observation.
- (h) Task 6—Dining Area and Eating Assistance Observation.
- (i) Task 7—Forming the Deficiency Statement.
- (j) Task 8—Exit Conference.
- (k) Plan of Correction.
- (l) Followup Surveys.
- (m) Role of Surveyor.
- (n) Confidentiality and Respect for Resident Privacy.

- (o) Team Composition.
- (p) Type of Facility—Application of SNF or ICF Regulations.
- (q) Use of Part A and Part B of the Survey Report.

(a) *General.* A complete SNF/ICF facility survey consists of three components:

- Life Safety Code requirements;
- Administrative and structural requirements (Part A of the Survey Report, Form HCFA-525); and
- Direct resident care requirements (Part B of the Survey Report, Form HCFA-519), along with the related worksheets (HCFA-520 through 524).

Use this survey process for all surveys of SNFs and ICFs—whether free-standing, distinct parts, or dually certified. Do not use this process for surveys of Intermediate Care Facilities for Mentally Retarded (ICFs/MR), swing-bed hospitals or skilled nursing sections of hospitals that are not separately certified as SNF distinct parts. Do not announce SNF/ICF surveys ahead of time.

(b) *The Survey Tasks.* Listed below are the survey tasks for easy reference:

- Task 1. Entrance Conference.
- Task 2. Resident Sample—Selection Methodology.
- Task 3. Tour of the Facility. Resident Needs. Physical Environment. Meeting with Resident Council Representatives. Tour Summation and Focus of Remaining Survey Activity.
- Task 4. Observation/Interview/Medical Record. Review of Each Individual in the Resident Sample (including drug regimen review).
- Task 5. Drug Pass Observation.
- Task 6. Dining Area and Eating Assistance Observation.
- Task 7. Forming the Deficiency Statement (if necessary).
- Task 8. Exit Conference.

(c) *Task 1—Entrance Conference.* Perform these activities during the entrance conference in every certification and recertification survey:

- Introduce all members of the team to the facility staff, if possible, even though the whole team may not be present for the entire entrance conference. (All surveyors wear identification tags.)

- Explain the SNF/ICF survey process as resident centered in focus, and outline the basic steps.

- Ask the facility for a list showing names of residents by room number with each of the following care needs/treatments identified for each resident to whom they apply:

- Decubitus care
- Restraints
- Catheters
- Injections
- Parenteral fluids
- Rehabilitation service
- Colostomy/ileostomy care
- Respiratory care
- Tracheostomy care
- Suctioning
- Tube feeding

Use this list for selecting the resident sample.

- Ask the facility to complete page 2 of Form HCFA-519 (Resident Census) as soon as possible, so that the information can further orient you to the facility's population. In a survey of a SNF with a distinct part ICF, you may collect two sets of census data. However, consolidate the information when submitting it to the regional office. You may modify the Resident Census Form to include the numbers of licensed and certified beds, if necessary.

- Ask the facility to post signs on readily viewed areas (at least one on each floor) announcing that State surveyors are in the facility performing an "inspection," and are available to meet with residents in private. Also indicate the name and telephone number of the State agency. Hand-printed signs with legible, large letters are acceptable.

- If the facility has a Resident Council, make mutually agreeable arrangements to meet privately with the president and officers and other individuals they might invite.

- Inform the facility that interviews with residents and Resident Councils are conducted privately, unless they independently request otherwise, in order to enhance the development of rapport as well as to allay any resident anxiety. Tell the facility that information is gathered from interviews, the tour, observations, discussions, record review, and facility officials. Point out that the facility will be given an opportunity to respond to all findings.

(d) *Task 2—Resident Sample—Selection Methodology.* This methodology is aimed at formulating a sample that reflects the actual distribution of care needs/treatments in the facility population.

Primarily performed on a random basis, it also ensures representation in the sample of certain care needs and treatments that are assessed during the survey.

(1) *Sample Size.* Calculate the size of the sample according to the following guide:

Number of residents in facility	Number of residents in sample ¹
0–60 residents.	25% of residents (minimum—10).
61–120 residents.	20% of residents (minimum—15).
121–200 residents.	15% of residents (minimum—24).
201+ residents.	10% of residents (minimum—30).

¹ Maximum—50.

Note that the calculation is based on the resident census, not beds. After determining the appropriate sample size, select residents for the sample in a random manner. You may, for example, select every fifth resident from the resident census, beginning at a random position on the list. For surveys of dually certified facilities or distinct part SNFs/ICFs, first use the combined SNF/ICF population to calculate the size of the sample, and then select a sample that reflects the proportions of SNF and ICF residents in the facility's overall population.

(2) *Special Care Needs/Treatments.* The survey form specifies several care needs/treatments that must always be reviewed when they apply to any facility residents. These include:

- Decubitus Care
- Restraints
- Catheters
- Injections, Parenteral Fluids, Colostomy/Ileostomy, Respiratory Care, Tracheostomy Care, Suctioning, Tube Feeding
- Rehabilitative Services (physical therapy, speech pathology and audiology services, occupational therapy)

Due to the relatively low prevalence of these care needs/treatments, appropriate residents may be either under-

represented or entirely omitted from the sample. Therefore, determine during the tour how many residents in the random selection fall into each of these care categories. Then, compare the number of such residents in the random selection with the total number of residents in the facility with each specified care need/treatment (based on either the resident census or other information provided by the facility).

Review no less than 25 percent of the residents in each of these special care needs/treatments categories. For example, if the facility has 10 residents with decubitus ulcers, but only one of these residents is selected randomly, review two more residents with decubitus ulcers (25% of 10 equals 2.5, so review a total of 3). Or, if the facility has two residents who require tube feeding, neither of whom is in the random selection, review the care of at least one of these residents. This can be accomplished in the following manner:

Conduct in-depth reviews of the randomly selected residents and then perform limited reviews of additional residents as needed to cover the specified care categories. Such reviews are limited to the care and services related to the pertinent care areas only, e.g., catheters, restraints, or colostomy. Utilize those worksheets or portions of worksheets which are appropriate to the limited review. Refer to the Care Guidelines, as a resource document, when appropriate.

Always keep in mind that neither the random selection approach nor the review of residents within the specified care categories precludes investigation of other resident care situations that you believe might pose a serious threat to a resident's health or safety. Add to the sample, as appropriate.

(e) *Task 3—Tour of the Facility.* (1) *Purpose.* Conduct the tour in order to:

- Develop an overall picture of the types and patterns of care delivery present within the facility;
- View the physical environment; and
- Ascertain whether randomly selected residents are communicative and willing to be interviewed.

(2) *Protocol.* You may tour the entire facility as a team or separately, as long as all areas of the facility are ex-

amined by at least one team member. Success of the latter approach, however, is largely dependent on open intra-team communication and the ability of each team member to identify situations for further review by the team member of the appropriate discipline. You may conduct the tour with or without facility staff accompanying you, as you prefer. Facilities, however, vary in staff member availability. Record your notes on the Tour Notes Worksheet, Form HCFA-521.

Allow approximately three hours for the tour. Converse with residents, family members/significant others (if present), and staff, asking open-ended questions in order to confirm observations, obtain additional information, or corroborate information, (e.g., accidents, odors, apparent inappropriate dress, adequacy and appropriateness of activities). Converse sufficiently with residents selected for in-depth review to ascertain whether they are willing to be interviewed and are communicative. Observe staff interactions with other staff members as well as with residents for insight into matters such as resident rights and assignments of staff responsibilities.

Always knock and/or get permission before entering a room or interrupting privacy. If you wish to inspect a resident's skin, observe a treatment procedure, or observe a resident who is exposed, courteously ask permission from the resident if she/he comprehends, or ask permission from the staff nurse if the resident cannot communicate. Do not do "hands-on" monitoring such as removal of dressings; ask staff to remove a dressing or handle a resident.

(3) *Resident Needs.* While touring, focus on the residents' needs—physical, emotional, psychosocial, or spiritual—and whether those needs are being met. Refer to the following list as needed:

- Personal hygiene, grooming, and appropriate dress
- Position
- Assistive and other restorative devices
- Rehabilitation issues
- Functional limitations in ADL
- Functional limitations in gait, balance and coordination
- Hydration and nutritional status
- Resident rights

- Activity for time of day (appropriate or inappropriate)
- Emotional status
- Level of orientation
- Awareness of surroundings
- Behaviors
- Cleanliness of immediate environment (wheelchair, bed, bedside table, etc.)
- Odors
- Adequate clothing and care supplies as well as maintenance and cleanliness of same

(4) *Review of the Physical Environment.* As you tour each resident's room and auxiliary rooms, also examine them in connection with the physical environment requirements. You need not document physical environment on the Tour Notes Worksheet. Instead, you may note any negative findings directly on the Survey Report Form in the remarks section.

(5) *Meeting With Resident Council Representatives.* If a facility has a Resident Council, one or more surveyors meet with the representatives in a private area. Facility staff members do not attend unless specifically requested by the Council. Explain the purpose of the survey and briefly outline the steps in the survey process, i.e., entrance conference * * * exit conference. Indicate your interest in learning about the strengths of the facility in addition to any complaints or shortcomings. State that this meeting is one part of the information gathering; the findings have not yet been completed nor the conclusions formulated. Explain further, however, that the official survey findings are usually available within three months after the completion of the survey, and give the telephone number of the State agency office.

Use this meeting to ascertain strengths and/or problems, if any, from the consumer's perspective, as well as to develop additional information about aspects of care and services gleaned during the tour that were possibly substandard.

Conduct the meeting in a manner that allows for comments about any aspect of the facility. (See the section on Interview Procedures.) Use open-ended questions such as:

- “What is best about this home?”
- “What is worst?”

- “What would you like to change?”

In order to get more detail, use questions such as:

- “Can you be more specific?”
- “Can you give me an example?”
- “What can anyone else tell me about this?”

If you wish to obtain information about a topic not raised by the residents, use an approach like the following:

- “Tell me what you think about the food/staff/cleanliness here.”
- “What would make it better?”
- “What don't you like? What do you like?”

(6) *Tour Summation and Focus of Remaining Survey Activity.* When the tour is completed, review the resident census data provided by the facility. Determine if the care categories specified in the section on Resident Sample are sufficiently represented in the random selection, make adjustments as needed, and complete the listing of residents on the worksheet labeled “Residents Selected for In-depth Review”, Form HCFA-520.

Transcribe notes of a negative nature onto the SRF in the “Remarks” column under the appropriate rule. Findings from a later segment in the survey or gathered by another surveyor may combine to substantiate a deficiency. You need not check “met” or “not met” at this point in the survey. Discuss significant impressions/conclusions at the completion of each subsequent survey task, and transfer any negative findings onto the Survey Report Form in the Remarks section.

(f) *Task 4—Observation/Interview/Medical Record Review (including drug regimen review).* Perform the in-depth review of each individual in the resident sample in order to ascertain whether the facility is meeting resident needs. Evaluate specific indicators for each resident, utilizing the front and back of the “Observation/Interview/Record Review (OIRR)” worksheet, Form HCFA-524. You may prefer to perform the record review first, complete resident/staff/family observations and interviews, and finally, return to the record for any final unresolved issues. On the other hand, you may prefer to do the

interviews first. Either method is acceptable. Whenever possible, however, complete one resident's observation/interview/medical record review and document the OIRR before moving onto another resident. If because of the facility layout, it is more efficient to do more than one record review at a time, limit such record review to two or three residents so your familiarity with the particular resident and continuity of the OIRR are not compromised.

(1) *Observation.* Conduct observations concurrently with interviews of residents, family/significant others, and discussions with direct care staff [of the various disciplines involved. In multi-facility operations, whenever possible, observe staff that is regularly assigned to the facility in order to gain an understanding of the care and services usually provided.] Maintain respect for resident privacy. Minimize disruption of the operations of the facility or impositions upon any resident as much as possible. Based upon your observations of the residents' needs, gather information about any of the following areas, as appropriate:

Bowel and bladder training
Catheter care
Restraints
Injections
Parenteral fluids
Tube feeding/gastrostomy
Colostomy/ileostomy
Respiratory therapy
Tracheostomy care
Suctioning

(2) *Interviews.* Interview each resident in private unless he/she independently requests that a facility staff member or other individual be present. Conduct the in-depth interview in a non-threatening and noninvasive fashion so as to decrease anxiety and defensiveness. The open-ended approach described in the section on the Resident Council is also appropriate for the in-depth interview. While prolonged time expenditure is not usually a worthwhile use of resources or the resident's time, do allow time initially to establish rapport.

At each interview:

- Introduce yourself.
- Address the resident by name.

- Explain in simple terms the reason for your visit (e.g., to assure that the care and services are adequate and appropriate for each resident).

- Briefly outline the process—entrance conference, tour, interviews, observations, review of medical records, resident interviews, and exit conference.

- Mention that the selection of a particular resident for an interview is not meant to imply that his/her care is substandard or that the facility provides substandard care. Also mention that most of those interviewed are selected randomly.

- Assure that you will strive for anonymity for the resident and that the interview is used in addition to medical records, observations, discussions, etc., to capture an accurate picture of the treatment and care provided by the facility. Explain that the official findings of the survey are usually available to the public about three months after completion of the survey, but resident names are not given to the public.

- When residents experience difficulty expressing themselves:

- Avoid pressuring residents to verbalize
- Accept and respond to all communication
- Ignore mistakes in word choice
- Allow time for recollection of words
- Encourage self-expression through any means available

- When interviewing residents with decreased receptive capacity:

- Speak slowly and distinctly
- Speak at conversational voice level
- Sit within the resident's line of vision

- Listen to all resident information/allegations without judgment. Information gathered subsequently may substantiate or repudiate an allegation.

The length of the interview varies, depending on the condition and wishes of the resident and the amount of information supplied. Expect the average interview, however, to last approximately 15 minutes. Courteously terminate an interview whenever the resident is unable or unwilling to continue, or is too confused or disoriented to continue. Do, however, perform the

other activities of this task (observation and record review). If, in spite of your conversing during the tour, you find that less than 40 percent of the residents in your sample are sufficiently alert and willing to be interviewed, try to select replacements so that a complete OIRR is performed for a group this size, if possible. There may be situations, however, where the resident population has a high percentage of confused individuals and this percentage is not achievable. Expect that the information from confused individuals can be, but is not necessarily, less reliable than that from more alert individuals.

Include the following areas in the interview of each resident in the sample:

Activities of daily living
Grooming/hygiene
Nutrition/dietary
Restorative/rehabilitation care and services
Activities
Social services
Resident rights

Refer to the Care Guidelines “evaluation factors” as a resource for possible elements to consider when focusing on particular aspects of care and resident needs.

Document information obtained from the interviews/observations on the OIRR Worksheet. Record in the “Notes” section any additional information you may need in connection with substandard care or services. Unless the resident specifically requests that he/she be identified, do not reveal the source of the information gleaned from the interview.

(3) *Medical Record Review.* The medical record review is a three-part process, which involves first reconciling the observation/interview findings with the record, then reconciling the record against itself, and lastly performing the drug regimen review.

Document your findings on the OIRR Worksheet, as appropriate, and summarize on the Survey Report Form the findings that are indicative of problematic or substandard care. Be alert for repeated similar instances of substandard care developing as the number of completed OIRR Worksheets increases.

NOTE: The problems related to a particular standard or condition could range from identical (e.g., meals not in accordance with dietary plan) to different but related (e.g., nursing services—lapse in care provided to residents with catheters, to residents with contractures, to residents needing assistance for personal hygiene and residents with improperly applied restraints).

(i) *Reconciling the observation/interview findings with the record.* Determine if:

- An assessment has been performed.
- A plan with goals has been developed.
- The interventions have been carried out.
- The resident has been evaluated to determine the effectiveness of the interventions.

For example, if a resident has developed a decubitus ulcer while in the facility, record review can validate staff and resident interviews regarding the facility’s attempts at prevention. Use your own judgment; review as much of the record(s) as necessary to evaluate the care planning. Note that facilities need not establish specific areas in the record stating “Assessment,” “Plan,” “Intervention,” or “Evaluation” in order for the documentation to be considered adequate.

(ii) *Reconciling the record with itself.* Determine:

- If the resident has been properly assessed for all his/her needs.
- That normal and routine nursing practices such as periodic weights, temperatures, blood pressures, etc., are performed as required by the resident’s conditions.

(iii) *Performing the drug regimen review.* The purpose of the drug regimen review is to determine if the pharmacist has reviewed the drug regimen on a monthly basis. Follow the procedures in Part One of Appendix N, Surveyor Procedures for Pharmaceutical Service Requirements in Long-Term Care Facilities. Fill in the appropriate boxes on the top left hand corner of the reverse side of the OIRR Worksheet, Form HCFA-524. Appendix N lists many irregularities that can occur. Review at least six different indicators on each survey. However, the same six indicators need not be reviewed on every survey.

NOTE: If you detect irregularities and the documentation demonstrates that the pharmacist has notified the attending physician, do not cite a deficiency. Do, however, bring the irregularity to the attention of the medical director or other facility official, and note the official's name and date of notification on the Survey Report Form.

(g) *Task 5—Drug Pass Observation.* The purpose of the drug pass observation is to observe the actual preparation and administration of medications to residents. With this approach, there is no doubt that the errors detected, if any, are errors in drug administration, not documentation. Follow the procedure in Part Two of Appendix N, Surveyor Procedures for Pharmaceutical Service Requirements in Long-Term Care Facilities, and complete the Drug Pass Worksheet, Form HCFA-522. Be as neutral and unobtrusive as possible during the drug pass observation. Whenever possible, select one surveyor, who is a Registered Nurse or a pharmacist, to observe the drug pass of approximately 20 residents. In facilities where fewer than 20 residents are receiving medications, review as many residents receiving medications as possible. Residents selected for the in-depth review need not be included in the group chosen for the drug pass; however, their whole or partial inclusion is acceptable. In order to get a balanced view of a facility's practices, observe more than one person administering a drug pass, if feasible. This might involve observing the morning pass one day in Wing A, for example, and the morning pass the next day in Wing B.

Transfer findings noted on the "Drug Pass" worksheet to the SRF under the appropriate rule. If your team concludes that the facility's medication error rate is 5 percent or more, cite the deficiency under Nursing Services/Administration of Drugs. Report the error rate under F209. If the deficiency is at the standard level, cite it in Nursing Services, rather than Pharmacy.

(h) *Task 6—Dining Area and Eating Assistance Observation.* The purpose of this task is to ascertain the extent to which the facility meets dietary needs, particularly for those who require eating assistance. This task also yields information about staff interaction with residents, promptness and appropriateness of assistance, adaptive equipment

usage and availability, as well as appropriateness of dress and hygiene for meals.

For this task, use the worksheet entitled "Dining Area and Eating Assistance Observation" (Form HCFA-523). Observe two meals; for a balanced view, try to observe meals at different times of the day. For example, try to observe a breakfast and a dinner rather than two breakfasts. Give particular care to performing observations as unobtrusively as possible. Chatting with residents and sitting down nearby may help alleviate resident anxiety over the observation process.

Select a minimum of five residents for each meal observation and include residents who have their meals in their rooms. Residents selected for the in-depth review need not be included in the dining and eating assistance observation; however, their whole or partial inclusion is acceptable. Ascertain the extent to which the facility assesses, plans, and evaluates the nutritional care of residents and eating assistance needs by reviewing the sample of 10 or more residents. If you are unable to determine whether the facility meets the standards from the sample reviewed, expand the sample and focus on the specific area(s) in question, until you can formulate a conclusion about the extent of compliance. As with the other survey tasks, transfer the findings noted on the "Dining & Eating Assistance Observation" worksheet to the Survey Report Form.

(i) *Task 7—Forming the Deficiency Statement.* (1) *General.* The Survey Report Form contains information about all of the negative findings of the survey. Be sure to transfer to the Survey Report Form data from the tour, drug pass observation, dining area and eating assistance observation, as well as in-depth review of the sample of residents. Transfer only those findings which could possibly contribute to a determination that the facility is deficient in a certain area.

Meet as a group in a pre-exit conference to discuss the findings and make conclusions about the deficiencies, subject to information provided by facility officials that may further explain the situation. Review the summaries/conclusions from each task

and decide whether any further information and/or documentation is necessary to substantiate a deficiency. As the facility for additional information for clarification about particular findings, if necessary. Always consider information provided by the facility. If the facility considers as acceptable, practices which you believe are not acceptable, ask the facility to backup its contention with suitable reference material or sources and submit them for your consideration.

(2) *Analysis.* Analyze the findings on the Survey Report Form for the degree of severity, frequency of occurrence and impact on delivery of care or quality of life. The threshold at which the frequency of occurrences amounts to a deficiency varies from situation to situation. One occurrence directly related to a life-threatening or fatal outcome can be cited as a deficiency. On the other hand, a few sporadic occurrences may have so slight an impact on delivery of care or quality of life that they do not warrant a deficiency citation. Review carefully all the information gathered. What may appear during observation as a pattern, may or may not be corroborated by records, staff, and residents. For example, six of the 32 residents in the sample are dressed in mismatched, poorly buttoned clothes. A few of the six are wearing slippers without socks. A few others are wearing worn clothes. Six occurrences might well be indicative of a pattern of substandard care. Close scrutiny of records, discussions with staff, and interviews reveal, however, that the six residents are participating in dressing retraining programs. Those residents who are without socks, chose to do so. The worn clothing items were also chosen—they are favorites.

Combinations of substandard care such as poor grooming of a number of residents, lack of ambulation of a number of residents, lack of attention to positioning, poor skin care, etc., can yield a deficiency in nursing services just as 10 out of 10 residents receiving substandard care for decubiti yields a deficiency.

(3) *Deficiencies Alleged by Staff or Residents.* If staff or residents allege deficiencies, but records, interviews, and observation fail to confirm the situa-

tion, it is unlikely that a deficiency exists. Care and services that are indeed confirmed by the survey to be in compliance with the regulatory requirements, but considered deficient by residents or staff, cannot be cited as deficient for certification purposes. On the other hand, if an allegation is of a very serious nature (e.g., resident abuse) and the tools of record review and observation are not effective because the problem is concealed, obtain as much information as possible or necessary to ascertain compliance, and cite accordingly. Residents, family, or former employees may be helpful for information gathering.

(4) *Composing the Deficiency Statement.* Write the deficiency statement in terms specific enough to allow a reasonably knowledgeable person to understand the aspect(s) of the requirement(s) that is (are) not met. Do not delve into the facility's policies and procedures to determine or speculate on the root cause of a deficiency, or sift through various alternatives in an effort to prescribe an acceptable remedy. Indicate the data prefix tag and regulatory citation, followed by a summary of the deficiency and supporting findings using resident identifiers, not resident names, as in the following example.

F102 SNF 405.1123(b).—Each resident has not had a physician's visit at least once every 30 days for the first 90 days after admission. Resident #1602 has not been seen by a physician since she was admitted 50 days ago. Her condition has deteriorated since that time (formulation of decubiti, infections).

When the data prefix tag does not repeat the regulations, also include a short phrase that describes the prefix tag (e.g., F117 decubitus ulcer care). List the data tags in numerical order, whenever possible.

(j) *Task 8—Exit Conference.* The purpose of the exit conference is to inform the facility of survey findings and to arrange for a plan of correction, if needed. Keep the tone of the exit conference consistent with the character of the survey process—inspection and enforcement. Tactful, business-like,

professional presentation of the findings is of paramount importance. Recognize that the facility may wish to respond to various findings. Although deficiency statements continue to depend, in part, on surveyor professional judgment, support your conclusions with resident-specific examples (identifiers other than names) whenever you can do so without compromising confidentiality. Before formally citing deficiencies, discuss any allegations or findings that could not be substantiated during earlier tasks in the process. For example, if information is gathered that suggests a newly hired R.N. is not currently licensed, ask the facility officials to present current licensure information for the nurse in question. Identify residents when the substandard care is readily observed or discerned through record review. Ensure that the facility improves the care provided to all affected residents, not only the identified residents. Make clear to the facility that during a follow-up visit the surveyors may review residents other than those with significant problems from the original sample, in order to see that the facility has corrected the problems overall. Do not disclose the source of information provided during interviews, unless the resident has specifically requested you to inform the facility of his/her comments or complaints. In accordance with your Agency's policy, present the Statement of Deficiencies, form HCFA-2567, on site or after supervisory review, no later than 10 calendar days following the survey.

(k) *Plan of Correction.* Explain to the facility that your role is to identify care and services which are not consistent with the regulatory requirements, rather than to ascertain the root causes of deficiencies. Each facility is expected to review its own care delivery. Subsequent to the exit conference, each facility is required to submit a plan of correction that identifies necessary changes in operation that will assure correction of the cited deficiencies. In reviewing and accepting a proposed plan of correction, apply these criteria:

- Does the facility have a reasonable approach for correcting the deficiencies?

- Is there a high probability that the planned action will result in compliance?

- Is compliance expected timely?

Plans of correction specific to residents identified on the deficiency statement are acceptable only where the deficiency is determined to be unique to that resident and not indicative of a possible systemic problem. For example, as a result of an aide being absent, two residents are not ambulated three times that day as called for in their care plans. A plan of correction that says "Ambulate John Jones and Mary Smith three times per day," is not acceptable. An acceptable plan of correction would explain changes made to the facility's staffing and scheduling in order to guarantee that staff is available to provide all necessary services for all residents.

Acceptance of the plan of correction does not absolve the facility of the responsibility for compliance should the implementation not result in correction and compliance. Acceptance indicates the State agency's acknowledgment that the facility indicated a willingness and ability to make corrections adequately and timely.

Allow the facility up to 10 days to prepare and submit the plan of correction to the State agency, however, follow your SA policy if the timeframe is shorter. Retain the various survey worksheets as well as the Survey Report Form at the State agency. Forward the deficiency statement to the HCFA regional office.

(l) *Follow-up Surveys.* The purpose of the follow-up survey is to re-evaluate the specific types of care or care delivery patterns that were cited as deficient during the original survey. Ascertain the corrective status of all deficiencies cited on the HCFA-2567. Because this survey process focuses on the actual provision of care and services, revisits are almost always necessary to ascertain whether the deficiencies have indeed been corrected. The nature of the deficiencies dictates the scope of the follow-up visit. Use as many tasks or portions of the Survey Report Form(s) as needed to ascertain compliance status. For example, you need not perform another drug pass if no drug related deficiencies

were cited on the initial survey. Similarly, you need not repeat the dining area and eating assistance observations if no related problems were identified. All or some of the aspects of the observation/interview/medical record review, however, are likely to be appropriate for the follow-up survey.

When selecting the resident sample for the follow-up, determine the sample size using the same formula as used earlier in the survey, with the following exceptions:

- The maximum sample size is 30 residents, rather than 50.
- The minimum sample size of 10 residents does not apply if only one care category was cited as deficient and the total number of residents in the facility in that category was less than 10 (e.g., deficiency cited under catheter care and only five residents have catheters).

Include in the sample those residents who, in your judgment, are appropriate for reviewing vis-a-vis the cited substandard care. If possible, include some residents identified as receiving substandard care during the initial survey. If after completing the follow-up activities you determine that the cited deficiencies were not corrected, initiate adverse action procedures, as appropriate.

(m) *Role of Surveyor.* The survey and certification process is intended to determine whether providers and suppliers meet program participation requirements. The primary role of the surveyor, then, is to assess the quality of care and services and to relate those findings to statutory and regulatory requirements for program participation.

When you find substandard care or services in the course of a survey, carefully document your findings. Explain the deficiency in sufficient detail so that the facility officials understand your rationale. If the cause of the deficiency is obvious, share the information with the provider. For example, if you cite a deficiency for restraints (F118), indicate that restraints were applied backwards on residents 1621, 1634, 1646, etc.

In those instances where the cause is not obvious, do not delve into the facility's policies and procedures to de-

termine the root cause of any deficiency. Do not recommend or prescribe an acceptable remedy. The provider is responsible for deciding on and implementing the action(s) necessary for achieving compliance. For the restraint situation in the example above, you would not ascertain whether the improper application was due to improper training or lack of training, nor would you attempt to identify the staff member who applied the restraints. It is the provider's responsibility to make the necessary changes or corrections to ensure that the restraints are applied properly.

A secondary role for the surveyor is to provide general consultation to the provider/consumer community. This includes meeting with provider/consumer associations and other groups as well as participating in seminars. It also includes informational activities, whereby you respond to oral or written inquiries about required outcomes in care and services.

(n) *Confidentiality and Respect for Resident Privacy.* Conduct the survey in a manner that allows for the greatest degree of confidentiality for residents, particularly regarding the information gathered during the in-depth interviews. When recording observations about care and resident conditions, protect the privacy of all residents. Use a code such as resident identifier number rather than names on worksheets whenever possible. Never use a resident's name on the Deficiency Statement, Form HCFA-2567. Block out resident names, if any, from any document that is disclosed to the facility, individual or organization.

When communicating to the facility about substandard care, fully identify the resident(s) by name if the situation was identified through observation or record review. Improperly applied restraints, expired medication, cold food, gloves not worn for a sterile procedure, and diet inconsistent with order, are examples of problems which can be identified to the facility by resident name. Information about injuries due to broken equipment, prolonged use of restraints, and opened mail is less likely to be obtained through observation or record review. Do not reveal the source of information unless actually

observed, discovered in the record review, or requested by the resident or family.

(o) *Team Composition.* Whenever possible, use the following survey team model:

SNF/ICF SURVEY TEAM MODEL

In facilities with 200 beds or less, the team size may range from 2 to 4 members. If the team size is:

- *2 members:* The team has at least one RN plus another RN or a dietitian or a pharmacist.
- *3–4 member:* In addition to the composition described above, the team has one or two members of any discipline such as a social worker, sanitarian, etc.

If the facility has over 200 beds and the survey will last more than 2 days, the team size may be greater than 4 members. Select additional disciplines as appropriate to the facility's compliance history.

Average onsite time per survey: 60 person hours (Number of surveyors multiplied by the number of hours on site)

Preferably, team members have gerontological training and experience. Any member may serve as the team leader, consistent with State agency procedures. In followup surveys, select disciplines based on major areas of correction. Include a social worker, for example, if the survey revealed major psychosocial problems. This model does not consider integrated survey and Inspection of Care review teams, which typically would be larger.

(p) *Type of Facility—Application of SNF or ICF Regulations.* Apply the regulations to the various types of facilities in the following manner:

- | | |
|-------------------------------------------------|---------------------------------------|
| • Freestanding Skilled Nursing Facility (SNF) | Apply SNF regulations. |
| • Freestanding Intermediate Care Facility (ICF) | Apply ICF regulations. |
| • SNF Distinct Part of a Hospital | Apply SNF regulations. |
| • ICF Distinct Part of a Hospital | Apply ICF regulations. |
| • Dually Certified SNF/ICF | Apply SNF regulations and 442.346(b). |

- Freestanding SNF with ICF Distinct Part (Regardless of the proportion of SNF and ICF beds, the facility type is determined by the higher level of care. Therefore, LTC facilities with distinct parts are defined as SNFs with ICF distinct parts.)
- Apply SNF regulations for SNF unit.
Apply ICF regulations for ICF distinct part.
Apply both SNF and ICF regulations for shared services (e.g., dietary).
If the same deficiency occurs in both the SNF and ICF components of the facility, cite both SNF and ICF regulations.
If the deficiency occurs in the SNF part only, cite only the SNF regulation.
If the deficiency occurs in the ICF part only, cite only the ICF regulation.

(q) *Use of Part A and Part B of the Survey Report.* (1) *Use of Part A (HCFA-525).*—Use Part A for initial certification surveys only, except under the following circumstances:

- When a terminated facility requests program participation 60 days or more after termination. Treat this situation as a request for initial certification and complete Part A of the survey report in addition to Part B.
- If an ICF with a favorable compliance history requests to covert a number of beds to SNF level, complete both Part A and Part B for compliance with the SNF requirements. If distinct part status is at issue, also examine whether it meets the criteria for certification as a distinct part.

(i) *Addendum for Outpatient Physical Therapy (OPT) or Speech Pathology Services.* Use the Outpatient Physical Therapy—Speech Pathology SRF (HCFA-1893) as an addendum to Part A.

(ii) *Resurvey of Participating Facilities.* Do not use Part A for resurveys of participating SNFs and ICFs. A determination of compliance, based on documented examination of the written policies and procedures and other pertinent documents during the initial survey, establishes the facility's compliance status with Part A requirements. This does not preclude citing deficiencies if they pertain to administrative or structural requirements from Part A that are uncovered incidental to a Part B survey. As an assurance measure, however, each facility at the time of recertification must complete an affidavit (on the HCFA-1516) attesting that no substantive changes have occurred that would affect compliance. Each facility must also agree to notify

the State agency immediately of any upcoming changes in its organization or management which may affect its compliance status. If a new administrator is unable to complete the affidavit, proceed with the survey using the Part B form and worksheets; do not use the Part A form. The survey cannot be considered complete, however, until the affidavit is signed. If the facility fails to complete the affidavit, it cannot participate in the program.

(iii) *Substantial Changes in a Facility's Organization and Management.* If you receive such information, review the changes to ensure compliance with the regulations. Request copies of the appropriate documents (e.g., written policies and procedures, personnel qualifications, or agreements) if they were not submitted. If the changes have made continued compliance seem doubtful, determine through a Part B survey whether deficiencies have resulted. Cite any deficiencies on the HCFA-2567 and follow the usual procedures.

(2) *Use of Part B (HCFA-519).* Use Part B and the worksheets for all types of SNF and ICF surveys—initials, recertifications, followup, complaints, etc.

The worksheets are:

- HCFA-520—Residents Selected for In-depth Review
- HCFA-521—Tour Notes Worksheet
- HCFA-522—Drug Pass Worksheet
- HCFA-523—Dining Area and Eating Assistance Worksheet
- HCFA-5245—Observation/Interview/Record Review Worksheet

For complaint investigations, perform a full or partial Part B survey based on the extent of the allegations. If the complaint alleges substandard care in a general fashion or in a variety of services and care areas, perform several tasks or a full Part B survey, as needed. If the complaint is of a more specific nature, such as an allegation of improper medications, perform an appropriate partial Part B survey, such as a drug pass review and a review of selected medical records.

§ 488.115 Care guidelines.

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Resident Rights					
F53 SNF 405.1121(k)(1) ICF 442.311(a)		Ask Resident: - Did you receive a copy of the Resident's Bill of Rights? Was it explained to you?	Looked for signed acknowledgement of receipt of resident rights information. Residents unable to sign name may have their "mark" witnessed.	Because of the confusion surrounding admission to a new facility and the large amount of information given to resident, resident's family on admission is often forgotten. Therefore, surveyor should verify resident's recollection with staff interviews and record checks.	Notification of Change in Status 405.1121(j) 442.307
F54 SNF 405.1121(h)(1) ICF 442.311(a)(1)			Look for written statement of charges services.		Patient Care Policies 405.1121(e) 442.308
A. Information*	Where is information concerning resident rights and responsibilities available in the facility?		Social Work records may indicate patient rights information discussed with resident.		442.309 442.310 442.305
F56 SNF 405.1121(k)(1) ICF 442.311(a)(3)	1. Rights and Responsibilities	- Were you told of any responsibilities you have in living here?		Written information on services and costs must be given to the resident, as well as copies of residents rights and responsibilities. Copies should also be available to patients and visitors, e.g., in resident lounges, lobbies, or other area where residents and visitors could easily see and read them.	Medical Direction 405.1122(a)
F57 SNF 405.1121(h)(2) ICF 442.311(a)(4)	2. Rules of Resident Conduct	- Were you given a chance to ask questions?			Medical Records 405.1132(b)(d) 442.310
F57 SNF 405.1121(h)(2) ICF 442.311(a)(4)	3. Resident Admission and Readmission	- Did he/she receive a written copy of services provided by the facility and any additional costs for these services?			

INQUIRY

To assure that the resident maintains, in so far as possible, those personal rights that are a part of normal, adult life, and including the right to personal dignity.

*Information concerning incompetent residents is given in L. Delegation of Rights and Responsibilities.

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F58 SNF 405.1121(k)(2) ICF 442.311(a)(4) 4. Resident informed in writing of changes in services and charges for services.		Ask Resident: - If there are changes in services or costs does someone explain these? Ask Administrative Staff: - How do residents learn what is expected of them? - How do they learn about any changes in the facility's procedures and/or costs?			
F59 SNF 405.1121(k)(2) ICF 442.311(a)(4) 5. Information to resident of services not covered by Medicare or Medicaid and not covered in the basic rate.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
B. Medical Condition & Treatment FO-64 SNF 405.1121(k)(2) ICF 442.311(b)		<p>Ask Resident:</p> <ul style="list-style-type: none"> - Has your doctor discussed your health with you, how is it, what's wrong, and what you can expect in the future? - Have you had the opportunity to help plan what you need and how you are taken care of? - Do you know that you can refuse treatment or medication? - Have you ever refused medication or treatment? - What happened when you did? <p>Ask Staff:</p> <ul style="list-style-type: none"> - Is the facility participating in any experimental research? - If yes, ask what residents are involved. - Interview a sample of these residents. <p>Ask Resident (or Guardian):</p> <ul style="list-style-type: none"> - Are you participating in the study? - Was this explained to you well enough so that you understand what the study is about and any risks that may be involved? 	<p>If the resident has not been informed of his/her medical condition, physician notes should document that the resident was not informed because it was medically contraindicated.</p> <p>Do care plans or other documentation reflect resident participation in care planning?</p> <p>If resident states he/she has refused treatment or medication, does documentation indicate adherence to limitation of resident rights.</p> <p>Review records of residents identified as participating in a clinical research study. Are informed consent forms signed? Do these signed forms list all known risks for the resident?</p> <p>All needed informed consent statements are present and properly signed.</p>	<p>Unless there is documentation that the residents' medical condition should not be discussed with him/her, resident interviews/record reviews should indicate that the resident and physician have discussed his/her medical condition.</p> <p>If you cannot confirm that this has occurred, interview staff to get further clarification.</p> <p>Almost all residents who are able to participate to some extent in their care planning do so. You should find evidence of this for the majority of the residents (e.g., care planning interview, nurses notes, social worker progress notes).</p> <p>Residents do have the right to refuse medication or other treatment, but you would expect that the facility would discuss the implications of this refusal with the resident and possibly do some "gentle persuasion".</p>	<p>Patient Care Management 405.1124(d) 442.319 442.341</p>

LONG TERM CARE SURVEY				
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
F60-64 (cont'd)				<p>However, except in an emergency situation force should never be used to compel a resident to accept medication or treatment.</p> <p>Deceit is also a violation of resident rights, except in the case of therapeutically indicated placebos ordered by the physician.</p> <p>Any resident participating in research studies should fully understand the implication of the study.</p> <p>The facility is not in compliance with the resident rights regulation if the resident consents to participate in a clinical study without full knowledge of the study. (Record review only as other nonclinical studies may not require informed consent).</p>
				CROSS REFERENCE

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
C. Transfer and Discharge F65-68 SNF 405.1121(k)(4) ICF 442.311(c)	Look for residents that may be inappropriately placed physically – an alert resident rooming with a confused, noisy resident; very ill resident placed far from the nurses station; residents not compatible with each other, (e.g., different life-styles, habits, etc.).	<p>Ask Resident:</p> <ul style="list-style-type: none"> - How well do you get along with your roommate? - Have you ever been moved from one room to another? If yes, why? - How were you involved in the decision to move? - How much time was there between the time they told you you were to be moved, and when you were moved? - Have you asked for your room to be changed? <p>Ask Direct Care and Other Staff:</p> <ul style="list-style-type: none"> - What are some of the reasons residents rooms are changed? - What are some of the reasons for discharge of residents or transfer to a hospital or LIC facility? - How are residents involved in the decision to move? - If a resident requests a room change, how is this handled? - When a resident requests a room change are the following areas of consideration presented and discussed: 	<p>Nursing, physician, and/or social service progress notes should indicate reason for transfer and discussion with resident and/or family/guardian.</p> <p>If staff interviews give you cause to feel that transfers and discharges may be in violation of these regulations, review a sample of closed records for transfer information on how it was handled.</p> <p>If residents are transferred between facilities with continuity of care, similar level of care, transfers must be reviewed to determine reasons for transfer. Efforts to maintain the census is not an acceptable reason for transfer.</p> <p>Do discharge records review:</p> <ul style="list-style-type: none"> - reason for discharge, medical non-payment or need for different level of care? 	<p>To be in compliance with transfer and discharge regulations the facility must be able to confirm that all discharges/transfers were for medical or resident welfare reasons, or non-payment. Welfare reasons include physical, emotional, social issues.</p> <p>Transfers and discharges made solely or the convenience of the facility are unacceptable.</p> <p>(Relocation to accommodate contagious or infectious conditions and relocation procedures are not for the convenience of the facility).</p>	<p>Status Change Notification 405.1121(j)</p> <p>Medical Records 405.1132(c)(e) 442.318(c)(4)</p> <p>Transfer Agreement 405.1133(a)(2) 442.307(b)(1)(2)</p>

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F65-68 (cont'd)		<ul style="list-style-type: none">+ cost factors+ resident welfare+ resident's reason for requesting the move+ facility's assessment of whether the move would be beneficial or not for the resident.			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
D. Exercising F69 Rights SNF 405.1121(k)(5) ICF 442.311(d)	Do residents appear comfortable when speaking to the surveyors as opposed to being afraid that someone may see them or overhear their conversation?	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Do you belong to, or have representation on the resident council? - Are you informed of changes in the facility that will affect you? - Are you given a chance to express views on these changes prior to their implementation? - Does the facility assist in arranging for you to vote either at the polls or via absentee ballot? - Are you assisted in obtaining legal or Social Services if needed? - Do you feel comfortable in expressing yourself freely or are you concerned about retaliation? - Is staff/administration responsive to complaints? Do you know who to complain to? <p>Ask Staff:</p> <ul style="list-style-type: none"> - What arrangements are made for residents to vote? - How do you handle it if someone needs a lawyer or other service that you don't provide? 	<p>Review resident council documentation, as available, to determine level of activity.</p> <p>Review social work or progress notes for legal referrals.</p> <p>Is there documentation in progress notes or elsewhere, of resident complaints and disposition of complaints?</p>	<p>Compliance determinations will be made based primarily on resident/staff interviews and the correlation of interview information with documentation in the Medical record.</p> <p>If residents ask, they should be allowed to speak to the surveyor without facility personnel being present. However the resident has the right to have a third party of their choosing present during an interview.</p>	<p><u>Social Services</u> 405.1130 442.344</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
E. Financial Affairs F72-78 SNF 405.1121(k)(6) ICF 405.1121(m) 442.320		<p>Ask Residents:</p> <ul style="list-style-type: none"> - Are you able to take care of your own financial affairs? - Does the facility keep some money for you that you can have when you request it? - When you ask for this money, how quickly do you get it? - Do you know the amount of money you have available at this time? - If the facility pays bills for you do they periodically provide an itemized listing of the transactions they have made? - When did you receive the last itemized statement? - Are you comfortable that your funds are taken care of correctly? - If you deposit money or valuables with the facility, do you receive a receipt for this deposit? - Are you or your family able to review your financial records when you request to do so? - Have you ever had money or anything else stolen? If so, what was done about it? 	<p>A copy of the statement should be in the residents financial record and given to the resident at least quarterly.</p> <p>Receipts, account logs showing deposits/withdrawals, authorization/reasons for withdrawals, and interest earned should be reviewed. If resident indicates there may be a problem, an in-depth interview should be conducted.</p> <p>Resident records indicate separate financial records from facility records.</p>	<p>Residents should have reasonable access to their funds (may not be available at 2 A.M.) and should have at least a quarterly accounting of their funds.</p> <p>If questions arise they should be resolved.</p> <p>Personal possessions and funds received from the residents should be protected from theft and other loss. If losses do occur there should be:</p> <ol style="list-style-type: none"> 1. a procedure which is implemented to investigate the loss, and 2. a plan to prevent recurrence. <p>Resident funds must not be appropriated for facility furnishings, linen direct care supplies, etc</p>	Social Services 405.1130(a)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F72-78 (cont'd)		<ul style="list-style-type: none"> - Does the home provide safe-keeping for valuables? - Have they ever lost anything of yours? <p>Ask Staff:</p> <ul style="list-style-type: none"> - What is the procedure when residents lose personal belongings? - How are resident personal funds handled? - What is your procedure when a resident asks to get an accounting of their funds? - The special needs of residents with Alzheimer's disease who "lose" personal possessions should be noted. Individuals in stages 2 and 3 of Alzheimer's disease sometimes lie about their personal possessions were stolen. 			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F. Freedom From Abuse and Restraints F79-83 SNF 405.1121(k)(7) ICF 442.311(f)	<ul style="list-style-type: none"> - How many residents are physically restrained? - What type or restraints are used? - Are they applied correctly? - What is the apparent physical/mental condition of those residents restrained? - Do you observe the release of restraints every 2 hours and the provision of at least 10 minutes exercise for the resident? - Do staff respond to request for water, assistance to bathroom, etc., from a resident who is restrained? What is the interval between request and response? 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Why are you wearing this? - How often is this worn? - Do you know what would happen if it were removed? - How often is it removed? - What is done for you when the restraint is removed? - For nonrestrained resident-- <ul style="list-style-type: none"> + Have you ever been restrained? + For what reason? + What explanation was given for the restraint? - Do you ever feel that you receive medication when you don't need it? 	<p>Look for a physician's order for the restraint.</p> <p>Review nurses', physicians' progress notes re: reason for restraints and resident reaction to them. Also any alternative methods tried.</p> <p>What time of day are restraints most often applied?</p> <p>Review schedule of releasing restraints.</p> <p>Care plans:</p> <ul style="list-style-type: none"> - When restraint is to be used. - For how long. - What are plans for alternative measures. - Is the resident periodically re-evaluated? <p>If appropriate are the Social Service or activities departments involved in providing different directions for resident attention?</p>	<p>There must be a physician's order for all restraints, including "safety devices" which are defined in some State laws.</p> <p>Progress notes should show evidence that methods other than restraints were initially used to protect the resident from injury, and that restraints were used only when other methods were not adequate.</p> <p>If used in an "emergency" the reason for use must be documented and show that:</p> <ol style="list-style-type: none"> Its use was necessary to protect the resident from injury. Its use was necessary to protect others from injury. <p>The resident must be observed by a staff member at least every 30 mins. while restrained.</p> <p>The restraints must be released and the resident exercised, toileted, etc. at least every 2 hours.</p>	<p>Nursing Services 405.1124(c)(6) Rehab Nursing 405.1124(e) Patient Care Management 405.1124(d)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F79-83 (cont'd)	<ul style="list-style-type: none"> - How often are restrained residents observed by staff? - Observe effect on residents. Do you see what may be signs of over-medication? - How often is this observed? - Residents should be free from mental and physical abuse. - Observe interaction of staff and residents for any sign of harassment, humiliation or threats. - Do residents appear comfortable with staff? - Look for numbers of residents with bruises or other injuries (skin of the elderly bruises easily, so do not automatically assume abuse or injury). - Observe resident to resident interactions and staff response to any physical or mental abuse of one resident to another. 	<p>Ask Staff:</p> <ul style="list-style-type: none"> - What is the facility policy regarding restraints? - What is considered an "emergency" need for restraints? - What is the most common reason for use of restraints? - Do you try any alternative measures before using restraints? - What information do you have that the residents hold in place the decision to order restraints? - What do you routinely do for the resident when you periodically release the restraints? - Does use of restraints increase on evenings or nights when there are fewer staff members? - Have you had any accidents or incidents in the last year while residents were restrained? - How do you define the difference between a "safety device" and a "restraint"? - How do your policies differ in regard to "safety devices" and restraints? 	<p>Who authorizes the use of restraints in an emergency?</p> <p>Do progress notes indicate that a professional staff member authorized the use of "emergency" restraints?</p> <p>There should be documentation that the use of an emergency restraint has been promptly reported to the residents physician.</p> <p>Review incident and accident reports to identify any problematic trends.</p> <p>Does the drug regimen review indicate appropriate use of psychoactive drugs?</p> <p>Are there resident complaints documented?</p> <p>What is the resolution of these complaints?</p>	<p>The restraint must be applied correctly.</p> <p>If the use of restraints increased during evening and night hours review progress notes, nurses notes and staffing to make a determination as to whether the restraints are justified or if they are for staff convenience.</p> <p>Care plans should plan not only for care while the resident is restrained but should show effort to find alternative treatments to restraints, or there should be documentation in the medical record that no alternative is appropriate.</p> <p>An appropriate drug regimen reviews should be conducted on the resident.</p> <p>Your observations should show interaction between residents and staff to be, except in unusual situations, free from tension and hostility.</p> <p>Staff should step into situation where one resident may be abusing another.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F79-83 (cont'd)	<ul style="list-style-type: none"> - Observe for evidence of resident neglect, residents left in urine/feces without cleaning. 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Do you feel safe in the facility? - Do you ever feel intimidated, harassed, or otherwise abused? - How are confused residents treated? - Is anyone ever hit or treated roughly? - Do you feel as if you are treated with respect and dignity? - Is the staff/administration responsive to complaints? - Do you know who to complain to? 		<p>Resident should feel free to voice complaints. If no complaints are noted in records or on record review, why not?</p> <p>Residents should seem comfortable in relating how they are treated?</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
G. Privacy F84-80 SNF 405.1121(k)(8) (9)(14) ICF 442.311(g)	<ul style="list-style-type: none"> Observe interactions between staff and residents for indications of respect, consideration, dignity and individuality. How do staff members enter a resident's room or go behind a privacy curtain? Are privacy curtains used or doors shut when personal care needs and/or treatments are rendered? Are there areas for residents to be alone or meet in private with visitors? 	<p>Ask Resident:</p> <ul style="list-style-type: none"> Do you feel that you are treated as a worthwhile adult individual? – When you are being cared for, are you comfortable? What is the degree of privacy and respect you receive? Do you feel comfortable that if the door to your room is closed staff will knock or otherwise make their presence known before entry? Do you have a private place to make telephone calls? – Can you see your record if/when you ask? Has any information about your condition been given to someone outside of the facility without your permission? 	<p>Review progress notes for indications that staff see resident as an individual—i.e., resident eats breakfast in bed because he/she enjoys it.</p> <p>Signed consent for release of information.</p> <p>Do maintenance of and content of medical records indicate that confidentiality is practiced?</p>	<p>Observations and interviews will give you information to determine if residents are respected and treated as individuals.</p> <p>Is privacy available—e.g., access to a private place to meet or make phone calls, ability to shut door when having visitors, etc.</p> <p>Medical records should not be left where unauthorized personnel can read them and there should be identification codes needed to access computerized records.</p> <p>Married residents should be sharing rooms if they desire to do so unless there are appropriate contradictions.</p>	<p>Medical Records 405.1132(b) 442.318(d)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F84-89 (cont'd)	<ul style="list-style-type: none"> - Are medical records kept in their assigned spots not carelessly left for nonauthorized persons to view? - Are married residents sharing rooms? - Observe for negative attitudes toward aging-infrantilization and patronizing of residents. - If residents undress in public area, how does staff handle this? - Listen to staff conversation in public places (elevator lobby). Are resident issues being discussed? 	<p>For Married Residents:</p> <ul style="list-style-type: none"> - When your husband/wife visits can you shut your door and be assured of privacy? - Can you ask that you not be disturbed and have that request respected? <p>Ask Staff:</p> <ul style="list-style-type: none"> - What is done to assure that each resident maintains his/her dignity and individuality? - How are medical records kept secure? Who has access? - Do you have married couples here? - Do they share rooms? - If not, why? - What arrangements do you make for spouses or visitors if cant others to visit? - Do you allow their door to be closed? - Can you adhere to a request that they not be disturbed? - How are residents' medical records and conditions kept confidential? 			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
H. Work F90 SNF 405.112(k)(10) ICF 442.311(h)	<ul style="list-style-type: none"> - Are residents doing any type of work such as picking up dirty trays, pushing laundry hampers, etc.? - What about clerical work? 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Are you ever asked to help out in the facility such as pick up dirty trays or stamp mail? - If yes, do you do this? - Do you want to, or do you feel it is expected of you? - Do you feel you can say "no"? <p>Ask Staff:</p> <ul style="list-style-type: none"> - Are residents asked to help with facility staff if you are short-handed? - What is their reaction? - What kind of work is available for residents who want/need to be usefully "employed"? 	<p>If residents are performing services for the facility, is that included in their care plan with specific therapeutic goals defined?</p> <p>If appropriate does the family concur?</p> <p>Are results documented in progress notes?</p> <p>What service (activities, nursing, etc.) is responsible for planning reevaluating and adjusting work activity?</p> <p>Look for physician's orders for approval or disapproval of work activity. Restrictions on this activity. Look for evidence that the resident is given opportunities to refuse to do the work. The resident, however, is not restricted from doing the amount and type of work they desire unless it is in conflict with the plan of care.</p>	<p>Services performed by a resident should be part of the resident's plan of care and should be done only if the resident is in full agreement.</p> <p>Service rewards are specifically identified and not obtained using the residents own funds.</p>	405.1124(d) 442.341

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>I. Freedom of Association and Correspondence</p> <p>F91-92</p> <p>SNF 405.1121(k)(11)</p> <p>(12)</p> <p>ICF 442.311(i)</p>	<ul style="list-style-type: none"> - Are there areas in the facility-e.g., small lounges, etc., where residents can and do meet privately? - Is mail delivered opened or unopened? - Are facility personnel assisting residents, if needed, in opening and/or reading mail? 	<p>Ask Residents:</p> <ul style="list-style-type: none"> - Can you have visits from anyone? - Can you find a private place to visit? - Do you receive your mail unopened unless you request otherwise? - Are there telephones you have access to? - Does the staff or volunteers assist you in reading or sending mail, if needed? - How timely is your mail delivered? - How do you receive incoming calls? <p>Ask Staff:</p> <ul style="list-style-type: none"> - Where do residents go when they want privacy? - What telephones are available to residents? - What is the facility visiting policy? 	<p>Physician orders and care plans for indications of restrictions on visitors and/or receiving and sending mail.</p>	<p>All residents may have access to and maintain contact with the community and members of that community have access to them.</p> <p>Subject to reasonable scheduling restrictions, residents may receive visits from anyone they wish. A particular visitor may be restricted by the facility for one of the following reasons:</p> <ul style="list-style-type: none"> - The resident refuses to see the visitor. - The resident's physician documents specific reasons why such a visit would be harmful to the resident's health. - The visitor's behavior is unreasonably disruptive of the functioning of the facility (reasons are documented and kept on file). <p>Decisions to restrict a visitor are reviewed and reevaluated each time the resident's plan of care and medical orders are reviewed by the physician and nursing staff or at the resident's request.</p>	<p>Resident Rights</p> <p>405.1121(k)(8)</p> <p>442.311(g)</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F91-92 (cont'd)	Do the available telephones accommodate the physically handicapped (e.g., wheelchair bound, hearing impaired, etc.)-			<p>Space is provided for residents to receive visitors in reasonable comfort and privacy.</p> <p>Telephones, consistent with ANSI standards (45.1134(c)), are made available and accessible for residents to make and receive calls with privacy. Residents who need help are assisted in using the phone. The fact that telephone communication is possible, as well as any restrictions, is made known to residents.</p> <p>Arrangements are made to provide assistance to residents who require help in reading or sending mail.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
J. Activities F93 405.112(k)(12) S93 405.112(k)(12) ICF 442.311(j)	<ul style="list-style-type: none"> - What planned activities are occurring? - What unplanned activities are occurring—individual, 2 or 3 persons or a larger group. - If there is a facility chapel, is it open? - Are activities posted at wheelchair level and kept up to date? - Are residents lined up in front of a I.V. in common room for hours? - Are activities offered during the evening and on weekends. 	<p>Ask Residents:</p> <ul style="list-style-type: none"> - What do you like to do? - What did you do yesterday? (compare answers) - Is participation in activities optional? - Are you encouraged to participate? - Is pressure exerted on you to attend specific activities? - Which ones? (Surveyors should be aware of special encouragement—"gentle persuasion" which might be important for the depressed or withdrawn residents) - Are residents notified of community activities? - Are arrangements made for transportation, etc. so that residents can participate? - Can residents go to religious services if they wish? - What opportunities are you given to make choices in your life within the facility? (eg. are all residents "put to bed" at the same time?). <p>Ask Staff:</p> <ul style="list-style-type: none"> - Are arrangements ever made to take residents to community activities? - Do residents and relatives ever take them to community activities? - Do your residents attend religious service of their choice? - How are residents kept informed/notified of activities? 	<p>Care plans or other documentation should indicate resident preferences for both facility and non-facility planned activities.</p> <p>Progress notes of responses to activities.</p>	<p>Compliance with this element is determined by evidence that residents are given the opportunity to participate in available activities they choose unless medically contraindicated.</p> <p>Residents must not be forced to participate against their wishes.</p>	<p>Patient Activities 405.113(b) 442.345(a)(c)</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
K. Personal Possessions F94 SNF 405.1121(k)(13) ICF 442.311(k)	<ul style="list-style-type: none"> - Are residents wearing their own clothing or facility nightgowns, robes, etc.? - In resident rooms observe for personal belongings. - Ask residents if you can look in the closet-is personal clothing in there? - Ask residents if belongings such as clothing are identified with name tags or other identifying methods? - Is there enough space to store clothing? 	<p>Ask Residents:</p> <ul style="list-style-type: none"> - What clothing and personal belongings can you have? - Is there a place that you can secure any valuables that you may not want to keep in your room? <p>Ask Staff:</p> <ul style="list-style-type: none"> - What personal belongings may residents have? - What do you do to secure valuables and other personal property? - What provisions are made for the care of personal clothing? 	<p>Admission notes on personal property inventory (e.g., the record should indicate a list of any personal property secured by the facility).</p> <p>The record should indicate how personal clothing will be laundered.</p>	<p>Residents are permitted to keep reasonable amounts of personal clothing and possessions for their use while in the facility and such personal property is kept in a safe location which is convenient to the resident. The amount that is reasonable will be dependent on space available in the facility.</p> <p>Patients are advised, prior to or at admission, of the kinds and amounts of clothing and possessions permitted for personal use, and whether the facility will accept responsibility for maintaining these items (e.g., cleaning and laundry).</p> <p>Any personal clothing or possessions retained by the facility for the patient during his stay is identified.</p> <p>The facility is responsible for secure storage of such items, and they are returned to the patient promptly upon request or upon discharge from the facility.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
L. Delegation of Rights and Responsibilities F95-97 SNF 405.1121(k) ICF 442.312		<p>Ask Administrative Staff:</p> <ul style="list-style-type: none"> - When do you have relatives make decisions for residents—i.e., how do you decide when the resident isn't capable of making decisions him- or herself? - Have any legal steps been taken? <p>Ask Resident and/or Guardian:</p> <ul style="list-style-type: none"> - Do you feel that you are given all pertinent information? - What opportunities do you have to make decisions regarding clothing, meals, bathing, schedules, etc.? - For guardian: are you notified/informed in a timely manner as appropriate? 	<p>Review physician progress notes—incapability must be documented.</p> <p>Is there clear documentation as to whom rights and responsibilities have been assigned?</p> <p>Are pertinent consents/documents signed by appointed guardian?</p>	<p>The fact that a resident has been judged incapable, is medically incapable of understanding, or exhibits a communication barrier, does not absolve the facility from advising the resident of their rights to the extent the patient is able to understand them. If the resident is incapable of understanding their rights, the facility advises the guardian or sponsor and acquires a statement indicating an understanding of resident's rights.</p> <p>The surveyor reviews records of residents selected for independent viewing and identified either incapable, medically incapable of understanding their rights, or have a communication barrier to verify documented evidence (signed acknowledgment) that the guardian or other sponsor has been advised of these resident rights and understand their role in acting on behalf of the resident.</p>	Resident Rights 405.1121(k)(1) 442.311(a)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
STAFF DEVELOPMENT					
F98 SNF 405.1121		Ask Residents - Does staff know how to take care of you? - What things do they do to help you accommodate your (poor vision, unsteady walking, arthritis, etc.)?	Care plans reflect staff's knowledge of the problems and needs of the residents and special adaptations that are needed. Progress notes indicate that the special needs are considered in implementing planned care.	Facility staff adjusts care to needs/problems of resident. Staff is knowledgeable concerning facility policies and procedures.	Residents Rights SNF 405.1121(k) ICF 442.311
F99 ICF 442.314					Infection Control 405.1135(a)(b)(c)(d)(e) 442.327(b)
F100 1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.	How do staff relate to residents? Does the facility reflect adaptations for the elderly, i.e., information given in large print, floors covered with materials that allow for ease of movement with walkers, wheel chairs, etc.?	Ask Staff - What, if any, training have you had here to learn about unique problems and needs of the aged? - What training have you had during the last 12 months? - How have you learned about facility policies and procedures? - Does the facility ask your needs when they develop a training program? - In what areas would you like to have training?		Staff practices correct techniques, i.e., infection control, rehabilitation nursing techniques, etc. Staff interacts and treats residents in a kind, caring way.	Physical Environment 405.1134(a) 442.315(b)(c) 442.326(a)(c)
F101 2. Facility staff practices proper techniques in providing care to the aged, ill, and diseased.	Is resident care given using accepted professional standards? Is privacy maintained during bathing treatment, toileting?				Nursing Services 405.1124(a)(c)(e) 442.338(a)(2)
F102 3. Facility staff practice proper technique for prevention and control of infection, fire prevention	Are housekeeping staff courteous and responsive to resident needs?				Social Services 405.1130(a)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F102 (cont'd) and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity including protection of privacy and personal and property rights.</p> <p>IN1EN1 To assure that facility provides ongoing training to staff so that they will be knowledgeable in current practices, use proper techniques, and interact with residents in a kind, caring way.</p>					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Status Change Notifications F102-104 SNF 405.1121(j) ICF 442.307 F105 1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or patient charges, billings, and related administrative matters.	Note residents condition: - Clean - Well groomed - Well adjusted - Cautious - Bruises - Multiple ulcers - Multiple sites of edema - Aberrant behavior, e.g., abusive, disruptive, not reasonable, etc.	Ask Resident: - Have you been injured since you have been in the facility? - If you are injured or become ill, is your physician called? - Are your relatives notified? - Do you know who is notified if administrative changes such as changes in charges, billings, etc. occur? Ask Staff: - Who do you notify if a resident is injured or has a change in condition? - When would they be notified? Does the facility have a policy regarding how soon a relative or responsible party would be notified? - Do you notify them of actual changes in resident condition and also if resident's condition is getting progressively worse?	- Progress note should document injury/change in condition plus notification of physician and appropriate family member/guardian. - Changes in charges should be documented. Ask facility where this is located. - Review accident and incident reports for indepth sample.	- All injuries and changes in condition must be documented. The resident's physician and family must be notified of significant changes. This should be documented, but this notification should be confirmed by the resident if possible.	Resident Supervision by Physician 405.1123(b)(3) Emergency Services 405.1123(c)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F106</p> <p>2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.</p> <p><u>IN1EN1</u></p> <p>To assure that:</p> <ul style="list-style-type: none"> - the resident receives proper treatment in the event of an accident or change of condition. - resident and/or next of kin or responsible party is aware in advance of any changes. - resident is not discharged to gain a higher source payment for that bed or facility convenience. 		<p>Ask Resident:</p> <ul style="list-style-type: none"> - Have you ever been or do you know if others have been transferred or discharged without discussing it with you first? 	<ul style="list-style-type: none"> - Nursing, physician and social work progress notes should be reviewed for evidence of discussion of transfer/discharge with resident or other designated person. 	<ul style="list-style-type: none"> - Except in an emergency, all transfers or discharges are first discussed with the resident or next of kin as evidenced by documentation in the medical record or confirmed by asking resident. 	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Physician's Services F107 SNF 405.1123 A. Medical Findings and Orders at Time of Admission F108 SNF 405.1123(a) F109		Ask Staff: - Interview nursing staff to determine if they receive transfer information and admission orders on day of admission. - Ask Administrator and Director of Nursing to explain procedure if a resident arrives without sufficient medical information and/or orders.	Review records of residents selected for indepth review to ascertain that: - There is a referral form from the transferring facility that was received in advance of admission or on date of admission that includes current medical findings, diagnosis and orders from a physician for the immediate care of the residents. - If the medical orders were not obtained from the residents attending physician, there are temporary orders from the transferring physician.	Examine medical records of the residents selected for indepth review to determine if date of orders, medical data and other required information is the date of admission or within 48 hours of admission. The facility should receive sufficient information and orders to provide continuity of care of all residents.	
F109 1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.			- Information on the rehabilitation potential (prognosis) of the resident and a summary of the course of treatment followed in the transferring facility were transmitted within 48 hours of admission.		
F110 2. Information about the rehabilitation potential of			- The summary of treatment should include discharge summaries from therapies or special services when appropriate. - For residents admitted directly from the		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F110 (cont'd) the resident and a summary of prior treat- ments are made available to the facility at the time of admission, or within 48 hours thereafter.			community, the attending physician provided cur- rent medical findings, diagnosis, prognosis, and orders. - The order should cover: + Medications and treat- ments + Diet + Therapies (P.T., O.T., Speech) + Activities (bedrest, ambulatory, able to participate with any specific limitations on activity).		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Resident Supervision by Physician</p> <p>F111 SNF 405.1123(b)</p> <p>F112 ICF 442.346</p> <p>B. Resident Supervision by Physician</p> <p>F113 1. Every resident must be under the supervision of a physician</p> <p>F114 2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs.</p>	<p>Observe resident for any problem/conditions that should be addressed by physician, e.g., edema, loss of appetite, weight loss, etc.</p>	<p>Ask Resident:</p> <ul style="list-style-type: none"> - How often physician visits. - If physician has discussed plan of care and medical treatment. - If resident feels treatment and/or plan of care meets his/her needs. - What kinds of questions do you ask the physician about your health problems? (Cite examples). <p>Ask Licensed Nursing Staff</p> <ul style="list-style-type: none"> - How often physician visits and is it often enough to meet resident's need? - Does physician participate in evaluation and reevaluation of resident's plan of care? - Does plan of care meet resident's needs? - Is physician available in an emergency? - Is physician available to discuss residents treatment and care? <p>Ask Administrator</p> <ul style="list-style-type: none"> - Facility's policy regarding a physician to provide care in the absence of the resident's own physician. - Facility's policy on physician visits. 	<p>Review medical records of selected for indepth review for:</p> <ul style="list-style-type: none"> - A current plan of care that is based upon physician's orders and resident needs. - Evidence that the plan is reviewed and revised as needed. - Evidence through physician's progress notes, nurses notes, physician's orders, that all participants in the resident's overall plan of care. - Evidence that rehabilitation potential is addressed. - Long range plans include an estimate of the length of time for skilled nursing care and a discharge plan. - Physician's orders for medications and treatments on admission and during stay. - A medical evaluation completed within 48 hours of admission unless done within 5 days prior to admission that includes attention to needs such as diet, vision, hearing, speech 	<p>Medical records should provide evidence that the residents are under the supervision of a physician by the coordination of physician's orders and progress notes with the resident's plan of care and observations of residents needs. There is evidence that the physician reviews and revises the plan of care as needed. There is evidence that physician's orders are available to the residents and the residents need such services. An alternate schedule for physician visits may be established if the attending physician determines that the resident need not be seen every 30 days. Justification for the decision is placed in the resident's medical record and is reviewed by the U.K. Committee and State medical review team. Where there is a change in the resident's condition and the physician has failed to document his findings or evaluation of the condition, the physician has failed to provide</p>	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F114 (cont'd)					
F115 3. A physician is available to provide care in the absence of any resident's attending physician.			<ul style="list-style-type: none"> level of activity, emotional adjustment. Evidence in care plans and treatment records that physician's orders are being implemented. Discrepancies in medication record, diet order, intake and output records. Evidence that an alternate physician provided care if applicable. Progress notes by physician at least every 30 days for first 90 days (ICF-at least every 60 days). Review of medications and treatments every 30 days or 60 days if an alternate schedule of visits has been approved. Documentation of physician observations, actions and plans for treatment. Justification for alternate schedule of visits. 	<p>evidence of his evaluation of resident needs and supervised care.</p> <p>A physician is available to respond within a reasonable time when a resident needs medical attention.</p>	
F116 4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admissions. NOT ICFs.					
F117 5. Each SNF resident is seen by their attending physician at least once every 30 days for the first 90 days after admission.			<p>A few closed records should be reviewed to determine if residents were appropriately discharged by an order written by the attending physician. Also review</p>	<p>Although medical evaluation can be noted as a revision of the previous H&P</p> <p>A statement such as "no change" when in conflict with the status of the</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F117 (cont'd)</p> <p>Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.</p> <p>F118</p> <p>6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days or the first 90 days and revised as necessary.</p>			<p>discharge plans to assure that they were adequate and implemented.</p> <p>Verbal medication orders are countersigned by a physician.</p> <p>Physician is reviewing all medication orders every quarter.</p>	<p>resident on this admission to the facility, does not constitute a medical evaluation.</p> <p>Verbal medication orders must be countersigned with 48 hours.</p>	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Exception: Only medications must be reviewed quarterly for ICF residents.</p> <p>F119 Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.</p>					
<p>F120 8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in</p>					

LONG TERM CARE SURVEY				
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
F120 (cont'd) the medical record. These visits cannot exceed 60 days or apply to patients who require specialized rehabilitation schedules. Exception ICF residents must be seen every 60 days unless justified otherwise documented by the attending physician. C. Emergency Services F121 SNF 405.1123(c) F122 Emergency services from a physician are available and provided to each resident who requires emergency care		<p>Ask Staff:</p> <ul style="list-style-type: none"> - Are you aware of physician reporting procedures and medical protocols to be followed during a fire emergency? - How often do you review where names and telephone numbers are of physicians to be called in case of emergency? 	<ul style="list-style-type: none"> - If records document an accident or a medical emergency, was the patient seen by a physician or was the physician notified promptly of the emergency? - Review physician's orders to see if specific medications or treatments were ordered to treat emergency situation if applicable. 	<ul style="list-style-type: none"> - Surveyor verifies that there are readily available written procedures for securing a physician in case of emergency. - Names and telephone numbers are posted or on Rolodex. - An alternate physician is designated.
				<p>CROSS REFERENCE</p> <p>Status Change Notification 405.1121(j)</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
F122 (cont'd) INTENT: To assure that a physician has overall responsibility for the management and supervision of the residents care..			<ul style="list-style-type: none"> - Review physicians progress notes to see if emergency situation was addressed. 	<ul style="list-style-type: none"> - There is provision for: <ul style="list-style-type: none"> + Notification of attending physician/emergency and other responsible person. + Arrangements for transportation. + Preparation of reports. + There is evidence in the medical records that proper procedures have been carried out. + Residents with sudden changes in condition have been evaluated by the physician.
				CROSS REFERENCE

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<u>Nursing Services</u> F123 SNF 405.1124					
F124 SNF 405.1124(c) F125 F126 If 442.1124(c) A facility provides nursing services sufficient to meet nursing needs of all residents all hours of each day.	Basic care provided to residents: Surveyors should observe the basic care provided by staff to the residents. Listed below are suggested areas of attention which may provide evidence of the quality of personal care: - Eyes/Ears/Mouth + Presence/absence of: + Secretions forming around mouth + Redness or irritation of eyes + Eyeglasses worn when appropriate are clean, in good repair and fit properly. + Backs of ears scaly, obvious wax build-up, discharge, odor. + Hearing aid worn when appropriate, is in good repair and working. + Dried food particles or drool, etc., around mouth.	Ask Resident: - If the resident's clothing is inappropriate, ask: + Did you choose your clothing today? + Is this what you want to wear? + Do you have other clothing available? - If the resident is not clean, poorly groomed, or inappropriately groomed, ask the resident: + Have you had any help in caring for yourself today (e.g., washing your face, brushing your teeth, etc.)? + How often do you have a bath/shower? + How often is your hair washed? + How often do you brush your teeth/ + Clean your dentures? + Were there extenuating circumstances (e.g.,	Nursing notes, flow sheets or bathing records should indicate that the care plan for grooming and personal hygiene is being followed. For example: - Bathing schedules are being followed (including the use of any soaps or special lotions). - Assistance instruction and/or supervision is being provided as identified for each activity. Nursing documentation should also indicate resident response or changes in the resident's behavior, reaction to an activity, or the ability to carry out grooming and personal hygiene activities. Look for indications of progress toward a goal or further deterioration of resident functioning.	Refer to information on observation. A pattern of evidence of poor personal care indicates non-compliance unless the care plan specifically deals with this and appropriate planning and implementation is occurring. The regulations require that individual preferences are taken into account when providing for grooming and personal hygiene and that residents are encouraged in self-care activity. Do not assume compliance with the regulations?	Resident Rights 405.1121(k)(8)(i)(3) 442.311 (g)(k) Social Services 405.1130(a) 442.344 Activities 405.1131 442.345(a)(c) Patient Care Management 405.1124(d) 442.341 Training 405.1122(h) 442.314
F127 Grooming and Personal Hygiene SNF 405.1124(c)					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F127 (cont'd)	<ul style="list-style-type: none"> + Dentures worn when appropriate and in good repair. + Oral hygiene. - Odors - Presence/absence of: <ul style="list-style-type: none"> + Body odors - Hair/Scalp <ul style="list-style-type: none"> + Clean and free of rashes + Hair combed - Nails are clean and appropriate length - Clothing is appropriate, clean, and in good repair. + Extremities elevated as necessary while in chair or wheel-chair. + Appropriate techniques to prevent infection. + Use of whirlpool as a treatment modality as available and appropriate. - With resident's permission check: <ul style="list-style-type: none"> + heels, feet and toes + lateral hip + scapular area + sacrum + buttocks + bony prominences in contact with braces + condition of stumps (especially diabetic 	<p>resident is participating in dressing retraining program)?</p> <ul style="list-style-type: none"> - Special consideration might be given to the demented patient who frequently "borrows" clothes and for whom removal may elicit catastrophic reaction—whether clothing "matches" may not be the most important issue in the care of these patients. <p>Ask Direct Care Staff:</p> <ul style="list-style-type: none"> - How do you choose what clothing each of your residents wear each day? - Do you have a specific schedule for washing residents' hair? - How did you learn to bathe resident? - How did you learn to wash residents hair? - How did you learn to shave residents? - How do you handle situations when residents want to wear dirty clothes, or mismatched clothes? - How much care do you let the residents do on their own? 			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F127 (cont'd)	amputees with elastic bandage or sock removed).				
Skin Condition F128-129 SNF 405.1124(c)	<p>Observe with residents' permission:</p> <ul style="list-style-type: none"> - General condition of skin + Redness + Blanching + Soft/dry/rough etc. + Rashes/irritation + Bruises + Scabs - Free of above - Measures taken to prevent skin breakdown. - Pressure sores - Pressure sores Rx - Factors contributing to prevention of pressure sores + Overall cleanliness and maintenance of dry and aerated skin (uncompromised by urine/feces/perspiration) + Padding for pressure points and bony prominences including padding on bed/chair + Proper gentle massage to bony areas several times a day. 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Are your feet usually swollen? - Do you know what causes the swelling? - What do you do to alleviate it? - Is this discoloration normal for you? - How did this wound/bruise develop? - Are the treatments done about the same time every day? - When did the person last look at your skin recently? 	<p>Look at nursing notes and P.O.C. for evidence of:</p> <ul style="list-style-type: none"> - Planned preventive measures - Treatments/Intervention including nutrition - Routine assessment/evaluation of skin condition - Documentation of specific skin problems with severity, measurements as appropriate, and progress or lack of progress in healing - Assessment/Reevaluation of interventions with alterations in plan - Appropriate nutritional plan - Methods to control edema of lower extremities 	<p>Preventable pressure sores are not occurring. Ulcers present are treated on a routine basis according to P.O.C. Is skin clean? Is resident dry? Is turning schedule adhered to? Are linens clean and smooth? Do personnel know preventive measures and practice these? Has a nutritional assessment been done, and if not, are recommendations implemented?</p>	<p>Dietetic Services 405.1125(i)(c)(e) 442.332(a)(1)(b)(1) Activities 405.1131(b) 442.345(a) Patient Care Management 405.1124(d) 442.341 Training 405.1121(h) 442.314 Rehabilitative Nursing 405.1124(e) 442.342 Supervision of Patient Nutrition 405.1124(f) 442.332(b)(2)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F128-129 (cont'd)	<ul style="list-style-type: none"> + Regular assistance for resident to turn or shift weight (bed-rails, footboards, trapeze). + Bed linens, clothing, underpads smooth and free from wrinkles. + Elastic bandages on hose are smooth and wrinkle free. + Elastic bandages wrapped smooth with appropriate overlap. + Dietary/nutritional support for skin integrity. (See Guidelines for Dietary/Nutrition) + Prevention of shearing force when resident's position altered by staff. + Turning and repositioning as needed. - Care and treatment: <ul style="list-style-type: none"> + Turning and repositioning every two hours or as needed (e.g., alternative approach that is justified by the facility) + Positioning of the ulcer site or protection of affected areas. + Use of effective pressure relief devices. 	<p><u>Ask Direct Care Staff:</u></p> <ul style="list-style-type: none"> - What can you tell me about Mr./Mrs. _____ swollen feet/wounds/brosises/etc.? - What do you do for them? <p><u>Ask Charge Nurse:</u></p> <ul style="list-style-type: none"> - How did _____ get cuts, bruises, etc.? - What is being done to prevent further occurrence? - What treatment is he/she receiving? 			Resident Super-vision by Physician 405.1123(b)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Wounds/Wound Dressings F126 SNF 405.1124(c)	<ul style="list-style-type: none"> - Condition of dressing - i.e., clean, firmly secured unless contraindicated. - Observe, if possible, and with resident's permission, a dressing change + Pre-dressing Removal + Equipment and supplies organized + Hands washed + Resident's provided with privacy - Dressing <ul style="list-style-type: none"> + Old dressing observed for drainage? + Wound examined + Appropriate technique used + Proper disposal of old dressing? + Post dressing + Does staff member wash hands? + Return resident to comfortable position or previous activity? 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - How often is the dressing changed? - By whom is the dressing changed? - Does it seem dressing changes are frequent enough? - Are there any odors from the dressing? - Is the dressing change always done in a similar way? - If not, what are the differences? - Do you feel confident that the wound is being well cared for? - Is the area/wound healing? - What caused the ulcer, wound, etc.? Is it healing? Does the staff keep you informed of its status? <p>Ask Staff:</p> <ul style="list-style-type: none"> - Specific treatment and schedule for each resident? 	<ul style="list-style-type: none"> - Physician orders for wound care - Progress notes detailing condition of wound - i.e., size, drainage, surrounding tissue, odor - Treatment provided - Progress/change - Plan of Care (POC) + The plan of care should address: <ul style="list-style-type: none"> - Area in need of treatment; treatment to be performed, frequency, and responsible staff. - Any necessary solutions, treatments, types of dressings, and materials. - Any necessary precautions, drains, if present, sutures and tubing. - Specific goals of treatment as well as any problems or limitations imposed as a result of treatment. 	<p>Physician orders, your observations, progress notes and POC should reflect the same information.</p> <p>Treatment provided over a period of time with no improvement and no re-evaluation also would represent non-compliance, unless nursing/physician progress notes address the "no improvement" problem.</p> <p>Compliance is evidenced by treatment given according to doctor's orders and POC.</p> <ul style="list-style-type: none"> - use of appropriate technique when caring for wound/changing dressing (e.g., follows facility's written procedures). - periodic evaluation of healing process and revision of care plan as needed. 	<p>Physician Services 405.1123 442.346</p> <p>Infection Control 405.1135(b)</p> <p>Pt. Care Management 405.1124 442.341</p> <p>Dietetic Services 405.1125(b)(7)(e) 442.332(a)(1)(b)(1)</p> <p>Medical Records 405.1132 442.316</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Restraints F130</p> <p>When residents require restraints the application is ordered by the physician, applied properly, and released at least every two hours. (See also Information under Resident Rights-Freedom from abuse & restraints)</p>	<p>Direct to evidence of:</p> <ul style="list-style-type: none"> - Proper application - Proper use - Maintenance of good body alignment - Resident observation, release and exercise <p>Observe frequently throughout your visit to validate care. Specific observations should include the following items:</p> <ul style="list-style-type: none"> - Type of restraint: cuffs, wrist or ankle restraints, vests, bed restraints, etc. (When locked restraints are used can you readily find the key and/or scissors?) as well as geriatric chair or geri-table/tray in place for prolonged periods. - Protective devices and/or safety devices that are used as restraints must be evaluated as restraints. - Appropriate application: skin protected from injury (restraint neither too loose nor too tight to prevent 	<p>Use of restraints may be precipitated by an "emergency" situation in which there is a threat to the resident's health or safety, or a threat to the health and safety of others due to the resident's behavior. Restrained residents may not be coherent or rational enough to respond to questions and caution in interviewing therefore, must be exercised. However, observation of a resident in a place or a resident in a wheelchair (with vest restraint) for several hours would warrant appropriate questions as to when the staff last assisted him or her to move about or whether the resident would like to get out of the chair. Staff interviews focus on the reason why the resident is restrained.</p> <p>Ask Direct Care Staff and Charge Nurse:</p> <ul style="list-style-type: none"> - When, why, and how to release and apply restraints; - Why is the resident 	<ul style="list-style-type: none"> - Physician orders for restraint: reason, length of time, type - Progress notes - Describe the resident's status/behavior which prompted the use of the restraint. - If a chemical restraint, the order should indicate a specific time period for its use as well as a stop date. - Plan of Care should identify other methods or therapies that are being used in conjunction with restraints. - What alternatives to restraints have been considered. - Identify staff responsible for observing the resident (every 30 minutes), and releasing and exercising the resident (every 2 hours for at least 10 minutes). Time intervals should be identified. - Indicate involvement and input of other disciplines necessary to overcome the problem. - Indicate a specific period of time for 	<ul style="list-style-type: none"> - Is there a physician's order, including the circumstances in which they will be used, the length of use, and the type of restraint? - Is the restraint applied properly? - Is it released at least every two hours and the resident provided with exercise and toilet facilities if needed? - Does the staff observe the resident frequently while he/she is restrained? - Are chemical restraints administered in accordance with physician's orders? - Is the order for restraints renewed only after a reassessment of the patient? 	<p>Patient Rights 405.3121(f)(1)(7) 442.311(f)(2)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F130 (cont'd)	<p>rubbing and blistering or impeded circulation)</p> <ul style="list-style-type: none"> - Body alignment and support: use of pillows, footboards, and wheel-chair footrests to maintain appropriate posture, circulation, and to prevent skin injury or breakdown. - Periodic release and exercise: exercise may include ambulation, range of motion, massage, or other opportunities for motion (at least 10 minutes every 2 hours during day and evening hours). - Chemical restraints: residents appear drowsy throughout the day (may indicate tranquilizers or other drugs are being used to limit or control behavior for staff convenience). 	<p>restrained?</p> <ul style="list-style-type: none"> - Was the resident given an option of restraint? - When were you taught the use of restraints? - By whom? - If chemically restrained (excessively sedated) <ul style="list-style-type: none"> + Why is this done? + Whether alternate means of restraint have been attempted, for how long this will continue, etc. This should elucidate from staff whether the chemical restraint is necessary, or whether it is done for staff convenience by controlling resident behavior for permission before using restraints? - Do you ask the resident for permission before using restraints? - How does the restrained resident summon assistance? - What is the usual time-frame for assistance to reach the restrained resident? <p>Ask Resident:</p> <ul style="list-style-type: none"> + Why are you restrained? + What would happen if the restraint were removed? + When do you use bed rails? + What purpose do they serve? + How do you gain assistance? 	<p>using the restraint.</p> <ul style="list-style-type: none"> - Indication of assessment of factors which precipitate residents being restrained which have plans to intervene early enough to prevent occurrence. - Type, duration and frequency of exercise should be documented. - An assessment of why restraints are continued should be documented. 		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>Bowel and Bladder F131</p> <p>SNF 405.1124(c)</p> <p>Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.</p>	<ul style="list-style-type: none"> - There should be a chart/record in the resident's room on which the program is documented accurately. - If the room is located a distance from the toileting room or for residents with problems ambulating, a commode may be present in the room. - Verify that a call light is available to the resident in non-ambulatory or restrained. - Are fluids available at bedside? - Is there roughage on meal tray? - Diet is appropriate to enhance elimination? 	<p>Both the resident and direct care staff should be interviewed and should exhibit a good understanding of maintaining a regular schedule of elimination. If neither are aware of the intake and toileting schedule, then determine whether they are appropriately planning the resident or carrying out a retraining program.</p> <ul style="list-style-type: none"> - Verify that the resident is aware that he/she is on a retraining program and knows the content of the program. <p>Ask Resident:</p> <ul style="list-style-type: none"> - How do you deal with constipation/diarrhea? - Are you involved in a special bowel/bladder training program? - If so, how does your program work? - Any problems with it? - Any successes to date? - What does the staff do for you in this matter? - Are they consistent and timely? - How long do you have to wait to be taken to the toilet? 	<ul style="list-style-type: none"> - Physician orders if required by facility policy - Nursing notes for + Assessment + Documentation of techniques and progress, reevaluation - Plan of care <p>The plan of care should clearly address:</p> <ul style="list-style-type: none"> + Goals that resident will aim for. + Methods to accomplish the goals. + Schedule for fluid intake. + Schedule for collecting. + Appropriate staff + Anticipations the resident may encounter as a result of either incontinence or the training program. - Progress notes/physician orders for cause of incontinence. - Laboratory tests of kidney function when available - Treatment for diarrhea/constipation - Residents preference for treatment of constipation. - Recently admitted and newly incontinent residents should be thoroughly assessed for at 	<ul style="list-style-type: none"> - Are all incontinent patients assessed for cause of incontinence and ability to be helped by a bowel/bladder rehabilitative training program or an incontinence management program? - Are all appropriate residents involved in bladder/bowel training programs or, incontinence management and there is a schedule that shows when the program will be started? - Is there evidence of follow through on all shifts? - For residents not on bowel/bladder retraining programs, the plan of care should address specific measures for managing incontinence with a view to prevention of skin and other problems and maintenance of resident dignity. 	<p>Nursing Services 405.1124(e)</p> <p>Dietetic Services 405.1125(c)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F131 (Cont'd)	<ul style="list-style-type: none"> - When a resident puts on his/her call bell for toileting assistance, how long is it before assistance is given? - Observe pre-meal toileting. - Privacy provided. - Schedule for toileting should allow for resident's normal sleep pattern, to avoid disrupted sleep. 	<p>Ask Nurses, Aides, and Charge Nurse:</p> <ul style="list-style-type: none"> + Will you describe this resident's bowel/bladder (B/B) training program? + How long has it been in effect? + When will you evaluate the results? + If this program is not successful - What assessment was done to determine B/B status for residents not on B/B retraining programs? - What is the facility program for managing incontinence? 	<ul style="list-style-type: none"> - at least 7 days for the cause of incontinence and when appropriate an intensive bowel and bladder B/B training program should be instituted. - A trial B/B training program is suggested for all residents with incontinence problems. - I & O 		
<p>Catheter Care</p> <p>F132</p> <p>SNF 405.1124(c)</p> <p>Each resident with a urinary catheter receives proper routine care including periodic evaluation</p>	<ul style="list-style-type: none"> - The indwelling catheter should promote a continuous flow of urine unless ordered otherwise. The surveyor should also observe for the following: <ul style="list-style-type: none"> - Ample supplies for catheter insertion and care. - Proper positioning of the tubing and drainage bag. - Cleanliness of the 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - What is the tubing/catheter for? - Why do you have one? - Does it cause any discomfort? - If it does, what is done about it? - How do you feel about having the catheter? - Is any special care given in relation to the catheter? 	<p>The surveyor should verify that there is a physician's order for an indwelling catheter, including the type and frequency of catheter care. If irrigation is ordered, the order should include type of solution and frequency of irrigation. The record should also indicate the color, consistency, and amount of urinary drainage.</p>	<ul style="list-style-type: none"> - The facility should follow accepted professional standards in their catheter care. - There should be medical reasons for catheter insertion - staff convenience cannot be justification. - Direct care staff should know signs and symptoms of urinary tract 	<p>Infection Control</p> <p>405.1135(b)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F132 (cont'd)	<p>tubing and drainage bag.</p> <ul style="list-style-type: none"> - Color and consistency of urine in bag. - Availability and accuracy of documentation on the I&O sheet, if ordered or policy. - Proper equipment for ambulatory bag, if resident is ambulating. - (if ordered) - Availability of fluids. - When indicated monitor intake to ensure adequate intake and output or conformance with physician orders. - How many observed residents are on catheter care? 	<p>Ask Nursing Aide and Charge Nurse:</p> <ul style="list-style-type: none"> - How do you routinely position and secure catheters and drainage bags? - How often is each part of the system changed? - What are the indications for insertion of the catheter? - What is the facility's procedure for routine catheter care? - How do you observe for U.T.I.'s in residents with indwelling catheters? - What is the facility's procedure for the cleansing and storage of reusable catheter equipment and drainage receptacles? - How do you care for catheter tubing? 	<ul style="list-style-type: none"> - Assessment should address: <ul style="list-style-type: none"> + Need for an indwelling catheter. + Resultant problems or limitations. - Plan of Care should address: <ul style="list-style-type: none"> + Type of catheter and type and frequency of changes. + For irrigation, the rationale, the type of solution, amount, and frequency of irrigation. + Frequency of symptoms which would precipitate catheter change. + Time frames of catheter change and responsible staff. + Appropriate increase in oral fluid intake. - Intervention <ul style="list-style-type: none"> + The record must reflect: <ul style="list-style-type: none"> + When and by whom the catheter was inserted and for what reason. + Any special care provided + New problems or changes + Only appropriately trained staff should deliver catheter care. + Only licensed staff should insert 	<p>infections (U.T.I.s) and these should be reported and treated promptly.</p> <p>*The Center for Disease Control has developed standards for catheter care which may be used but it is not a requirement.</p>	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F132 (cont'd)			<ul style="list-style-type: none">+ Indwelling catheter.+ The specific type and size of equipment used should be noted.+ Signs and symptoms of urinary tract infections (UTI) should be acted upon and documented as to follow-up.- Evaluation/Reevaluation<ul style="list-style-type: none">- The record should reflect that the resident:<ul style="list-style-type: none">+ Is assessed for UTI.+ Has no abdominal distention.- Notes should also include:<ul style="list-style-type: none">+ The color and odor of urine and the development of any problems after insertion of indwelling catheter.+ Verify that catheter is patent.		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCES
Injections F133 SNF 1124(c)	<ul style="list-style-type: none"> - Observe for preparation of injection - i.e. maintenance of sterility; correct dilution, handwashing, before preparation, etc. - Observe injection site for: <ul style="list-style-type: none"> + Redness + Swelling + Discoloration + Lesions - Observe for proper technique when injection is given <ul style="list-style-type: none"> + correct site + correct needle size + correct volume of drug + sterility maintained - Resident is observed for any adverse reaction - What is the disposal method for used needles or syringes? 	<p>Ask Nurse:</p> <ul style="list-style-type: none"> - What is your plan for alternating injection sites? Show me. - What is the medication for and what are potential adverse reactions? - Is there nonspecific pain at the injection site or shooting pains down a limb? - Is there skin irritation, blisters, lumps under the skin? - If adverse reaction occur, how soon are they reported? - Could this be given by any other route? <p>Ask Resident:</p> <p>Suggested questions are:</p> <ol style="list-style-type: none"> 1. What kind of medicine do you receive by injection/shot? Why do you need that medicine? 2. Do you have pain or numbness at or around your injection site? 3. Who gives the injection? 4. Do you receive your injection according to a schedule? 	<ul style="list-style-type: none"> - Physician order sheet - Nursing notes for: <ul style="list-style-type: none"> + Resident response to medication if appropriate + Any problems noted at injection site + Any other adverse reactions - Site of injection - Plan of care - Rotation of injection site - Care for any special problems related to the injection. - Infection Control reports for any infections connected with injections. 	<ul style="list-style-type: none"> - Is the medication administered according to the physicians order? - Is proper technique used in preparation and administration including site rotation? - Does the nurse administering the medication know the expected action of the drug? - If there are adverse reports show infections at injection sites. - Is the resident's response to the medication noted in the progress notes? 	<p>Staff Development 405.1121(h) 442.314</p> <p>Infection Control 405.1135(b)</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCES
Parenteral Fluids F133 SNF 405.1124(c)	<p>The surveyor should observe that parenteral fluids are administered with safe, aseptic technique and that fluids are ordered by the physician. Safety and comfort measures are to be taken insuring maximum protection and optimum hydration of the resident.</p> <p>The surveyor should note the following items:</p> <ul style="list-style-type: none"> - Labeling of the solution bottle/bag. - Rate of infusion/cc/ml per hour. - Date and time started - Additives, if any. - Any signs of swelling or redness at site. - Site dressing is clean, dry and dated. - Accurate I&O of parenteral fluids. - If skin (around) is used it is applied to prevent movement but not impede circulation. - Positioning of I.V. tubing. - Comfort of restraint used to allow for maximum resident freedom while preventing movement of I.V. site. 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Why do you have this tube in your arm/leg? - Is it comfortable? - Is the way it would be more comfortable? - How long has it been in? - How much longer will it stay in? <p>Ask Appropriate Staff:</p> <ul style="list-style-type: none"> - Why the resident is receiving I.V. therapy? - What the drip rate is (the amount of fluid to be received per hour). - How often the dressing is changed. - How often the tubing is changed. - What are possible side effects? - How often is the site changed? - How often is the infusion checked for drip rate and the remaining volume to be administered? <p>Ask Nursing Aide:</p> <ul style="list-style-type: none"> - What are your responsibilities when caring for a resident receiving IV fluids? - What training have you had? 	<ul style="list-style-type: none"> - Physician's order for parenteral therapy specifying type of fluid, rate of infusion/hour, and additives, if any, and availability of current available and record. - Twenty-four hour I&O record. - Nursing documentation indicates physician's orders are being followed. - Any adverse reactions are noted in the medical record. - Record indicates: <ul style="list-style-type: none"> + Infusion started by whom; cite time, rate of flow + Note is made of observation of pain or swelling at infusion site. + The need or reason for parenteral fluids. + Response to the therapy. + Problems and limitations encountered by the resident as a result of receiving parenteral fluids. - Plan of Care* <ul style="list-style-type: none"> + The plan of care should include <ul style="list-style-type: none"> + Type, rate of infusion/hour, and additives (if ordered). 	<ul style="list-style-type: none"> - Is the parenteral fluid administered according to the physician's order and in accordance with accepted nursing practices? - Are infusions noted in a timely manner before a large amount of fluid infiltrates? - Is the facility procedure for care of the IV site and tubing changes followed for all patients unless contraindicated? - Does documentation reflect what the patient received, any problems, and his/her response to the parenteral fluid? - Have any adverse effects been caused by administration of IV fluid? - If yes, were these preventable? 	<p>Resident Care Policies 405.1121(l)</p> <p>Infection Control 405.1135(b)</p> <p>Patient Care Management 405.1124(d) 442.341</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F133 (cont'd)			<ul style="list-style-type: none"> - specified goals for corrections, the facility, and responsible staff. - Documentation must include time administered and by whom, the amount of fluid infused, and any other special care administered as a result of IV therapy (i.e., mouth care, assistance with ADLs, etc.). - The record must reflect: <ul style="list-style-type: none"> + Conditions of site and any infiltrations, phlebitis, necrosis, etc. noted, along with measures taken to correct these. + The resident's response to therapy + Changes in laboratory studies *Plan of care would not be modified for a one-time IV infusion. 		
Colostomy/Ileostomy F133 SNF 405.1124(c)	The surveyor should ascertain that the facility is providing appropriate nursing care to those residents who have had bowel surgery resulting in a colostomy or ileostomy. It is recommended that the surveyor, with the resi-	Ask Resident: <ul style="list-style-type: none"> - Why was the ostomy performed? - How do you feel about the ostomy? - Does it ever cause you problems (e.i., pain, skin problems, odors, accidents)? If so, what 	The surveyor should determine that: <ul style="list-style-type: none"> - Colostomy irrigations, if ordered, are documented as performed by the resident or appropriately trained staff. - In the case of sigmoid colostomy, regular patterns of bowel elimination are 	Compliance would be indicated if residents are physically and emotionally comfortable with the ostomy with minimal or no skin problems. If residents are not comfortable with the ostomy, are having skin or other problems, the facility	Patient Care Management 405.1124(d)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Colostomy/Ileostomy F133 (cont'd)	<p>dents permission, observe care being given to determine that proper techniques are being used. The following steps should be taken to assure that proper ostomy care is being provided.</p> <ul style="list-style-type: none"> - The ostomy dressing should be changed or the bag emptied and thoroughly cleaned promptly after each bowel evacuation or more frequently, if drainage continues. - The peristomal skin should be cleansed and dried, and appropriate measures taken to prevent excoriation and infection. - The resident's privacy should be considered while providing care. - The resident should be provided with information and instruction in self-care at the appropriate level of understanding. - The resident should be observed for signs of withdrawal, disgust, anxiety, or other emotional responses which may be related to his/ 	<p>does staff do about it?</p> <ul style="list-style-type: none"> - What does the staff generally do with or for the ostomy? Are they consistent and timely? - Has staff talked to you about doing some of the care for this? If so, what was the outcome? If not, is this something you'd be interested in learning more about? <p>Ask Staff:</p> <ul style="list-style-type: none"> - If nurses aid: <ul style="list-style-type: none"> + How did you learn to take care of colostomies? + What do you do if the skin around the colostomy becomes red or sore? + Do you ever teach the residents to care for their own colostomies? <p>- If nurse (RN or LPN) + What is the procedure if the resident becomes constipated?</p> <p>Ask Other Nursing Staff:</p> <ul style="list-style-type: none"> - Is there a facility procedure for ostomy care? - Do you have skin problems with your 	<p>documented as established through management of diet, fluid intake, exercise, and the use of prescribed laxatives, suppositories, and/or irrigations.</p> <ul style="list-style-type: none"> - Ostomy care is documented in the resident's record along with a description of the excreta. - Problems in irregularity, skin breakdown, or other observable concerns are documented and reported to the physician. - Documentation indicates that nursing measures are taken to assist the resident who is experiencing problems in understanding and/or accepting the presence of the ostomy. <p>- Documentation of nursing measures to maintain skin integrity.</p> <ul style="list-style-type: none"> - Assessment - The assessment should indicate: <ul style="list-style-type: none"> + Needs, problems, and limitations as a result of an ostomy. + Specific degree of 	<p>should be responding to these and correcting them as reasonable. Care plans should indicate specific goals in relation to problems and specific interventions for reaching these goals. When available an enterostomal therapy nurse should be involved in developing the care plan for residents with urinary and intestinal stomas.</p>	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Colostomy/Ileostomy F133 (cont'd)	her acceptance of the colostomy/ileostomy. - The surveyor should observe the staff giving ostomy care to verify that proper technique is used.	ostomy residents? - What do you do when skin becomes excoriated? - What teaching do you do with the residents? - What in general is the response to this teaching?	self-care performed or assistance needed. + Special skin care needs. + Special dietary needs. + Emotional support. + Medications and treatments if needed. - Plan of Care The plan of care should clearly address: + Specific goals to overcome or improve the problems(s) identified. + Methods to accomplish the goal (training, assistance, supervision, treatments, emotional support). + Services necessary and who will perform the services. + Time frame for accomplishing goals.		Social Services 405.1130(a) 442.334(a)(b)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 SNF 405.1124(c)	<ul style="list-style-type: none"> - Aerosol Compressor or IPPB (Intermittent Positive Pressure Breathing Machine) The surveyor must determine that the facility is providing respiratory therapy as ordered by the physician. Observation for this indicator should focus on the necessary equipment as well as on the resident. In order to determine that the necessary equipment is available, the surveyor must look for the following: <ul style="list-style-type: none"> + Aerosol compressor or IPPB Machine. Check that the machine is clean and operable. + Tubing - If tubing is not attached to the machine, ask to see it. Check that it is stored dry and with consideration for cleanliness. + Nebulizer Cup - Should be attached to tubing. It is filled with the medicine or prescribed medicine or distilled water only if about to be used. It should not be 	<p>While interviewing the resident, observe for sounds of congestion. Note color of lips and nail beds.</p> <p>Ask Resident:</p> <ul style="list-style-type: none"> - Do you ever feel short of breath? - If breathing is done with a device, when does this occur? - Is the therapy helping you to feel better? - Are there any problems with it? - If so, how does the staff respond? - Is the therapy consistently performed - both concerning time and method of providing it. <p>Ask Staff:</p> <ul style="list-style-type: none"> - What is the reason the resident is getting this therapy? - What are the expected results? - Can you demonstrate how you use the equipment? - How often is the equipment cleaned? - What are the infection control procedures in regard to use of res- 	<p>The surveyor should determine that:</p> <ul style="list-style-type: none"> - Respiratory/oxygen therapy is performed or administered by appropriately trained staff. - There is a physician's order for therapy, and the rate of delivery, etc. - If the physician's order is for prn therapy, it should specify for what symptoms. - Any information gained from resident or staff is verified in the record. - Assessment + The assessment should address both the need or reason for therapy and any problems or limitations which result from the need for therapy. - Plan of Care + The kind, amount, frequency, and/or duration of therapy based on the physician's order. + Specific goals to overcome to improve any identified 	<p>Only qualified (trained) personnel should administer/assist with respiratory therapy. Therapy must be provided as ordered.</p> <p>The effectiveness of the therapy must be periodically evaluated and the appropriate control measures must be practiced. Needed safety precaution for the use of oxygen must be practiced. Equipment should be available and in working order.</p>	<p>Staff Development 405.1121 (h) 442.314</p> <p>Infection Control 405.1135(b)</p> <p>Patient Care 405.1124(d) 442.341</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 (cont'd)	<p>stored wet. If it is not attached to the tubing, ask to see it. The mouthpiece is connected to the nebulizer cup.</p> <p>The surveyor should also check that all involved equipment is clean.</p> <p>Oxygen Therapy must establish that the facility is meeting the oxygen needs of the resident. When the facility does not have wall units, check that:</p> <ul style="list-style-type: none"> + There are enough cylinders for oxygen delivery. + There should be flow meters and regulators for tanks in use. + A wrench should be attached or stored close by. + If using large cylinders (size G or H), look for a cart to carry these tanks and be transported without it. + The cylinder at the resident's bedside should either be on 	<p>piratory equipment?</p> <ul style="list-style-type: none"> - What training was given you in the use of this equipment? - Where is the emergency oxygen supply? 	<p>problems and/or limitations.</p> <ul style="list-style-type: none"> + Specific methods to accomplish the goals (observation, supervision, training, etc.). + Who is responsible to perform therapy or assist in accomplishing that goal? - Intervention. <p>The record should display evidence that:</p> <ul style="list-style-type: none"> + The plan of care is functional + The therapy was administered in accordance with physician's order for the specified reason(s) by an appropriately trained staff member + Change in condition is documented and acted upon promptly. - Evaluation/Reevaluation <p>The record should reflect:</p> <ul style="list-style-type: none"> + The resident's response to therapy. + If response was undesirable, evidence of further intervention. + Any progress, deterioration, or development of new problems. 		<p>Physical Environment 405.1134 (f)</p> <p>Medical Records 405.1132 442.318</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 (cont'd)	<p>the carrier, sitting on a metal skirt, or otherwise secured.</p> <p>+ There should be other necessary equipment available such as humidifiers, nebulizers, masks, nasal cannulas, etc. etc. all should be dry and clean when stored.</p> <p>+ Check to see that non bed-bound residents are not limited to their own chair/room when using oxygen (portable units will prevent social isolation.</p> <p>+ Water reservoir is appropriately filled per manufacturers instructions.</p> <p>+ Check to make certain the tank is not empty and that any tank is labeled as such.</p> <p>+ Check for good oral hygiene of resident.</p> <p>+ The room should be posted with a "No Smoking" sign.</p> <p>- Residents on respirators:</p> <p>- Are alarm systems turned on?</p>	<p>Residents on Respirators Ask Staff (all levels): - What training have you had in caring for</p>	<p>+ Based on the above information, possible modification of goals.</p>		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy FI33 (cont'd)	<ul style="list-style-type: none">+ Is sufficient Oxygen supply available?+ Is the ventilator accessible to an emergency outlet?+ Is the resident in a location that allows for frequent observation by staff?+ How does the resident communicate with staff?+ What level of staff (aide, LPN, RN) caring for the resident?+ Is such equipment at bedside?+ Is there reserve back-up equipment?+ What is the condition of the residents skin around intubation tube/tracheostomy.+ Does the care given use appropriate techniques in caring of the patient?	<p>residents on respirators?</p> <ul style="list-style-type: none">- Can you show me how the alarm system works?- What is your procedure for pulmonary care?- What is your procedure for changing tubing and the water reservoir?- What happens if the power goes off?			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tracheostomy Care F133 SNF 405.1124(c)	<p>Satisfactory tracheostomy care is a procedure which promotes a clean, unobstructed air passageway and maintains the skin integrity surrounding the tracheostomy site.</p> <p>The surveyor should determine whether:</p> <ul style="list-style-type: none"> - Adequate supplies are available for the care of the tracheostomy such as tracheostomy kits, hydrogen peroxide, normal saline or sterile water, suction machine, catheter, sterile gloves, and clean dressings. - The resident is breathing without difficulty and is comfortable. - The dressing is clean, dry, and intact; the cannula is clean, in the proper position, and secured. - The skin surrounding trach is clean and dry with no redness or inflammation. - The resident has adequate oral hygiene. - An extra tube, the same size as the one in 	<p>Resident interviews must be guided by the resident's communication ability.</p> <p>Ask Resident:</p> <ul style="list-style-type: none"> - How long will you have it? - What care can you do for yourself? - What do you need help with? - Who helps you? - Is someone always available to suction him/her when needed? - Is the suction equipment always available in working order? - Is the dressing kept clean and comfortable? - Is the tube kept clean and changed as needed? - How often are the tubes and dressings changed? - Does he/she feel confident in the personnel caring for his tracheostomy? - What is communicating with staff and other residents like? - Are staff patient and do they allow you enough time to express your needs/thoughts/feelings? - May I observe your tracheostomy care? <p>Ask Staff:</p> <ul style="list-style-type: none"> - Why does resident have 	<ul style="list-style-type: none"> - The surveyor should determine that tracheostomy care is done as scheduled and as needed following the proper procedure. - Any special solutions that are needed should be addressed in the physician's orders. - Assessment - The record should reflect that the need for tracheostomy care was assessed in terms of: <ul style="list-style-type: none"> + Frequency + Skin integrity surrounding the tracheostomy, noting redness, inflammation, and/or excoriations. - Plan of Care should include: <ul style="list-style-type: none"> + Specific times of trach care and the responsible, appropriate trained person performing this task. + Specific problems relating to skin and breathing as well as the goals set to overcome these problems + Listing the appropriate personnel responsible. + Time frames for resolving problems 	<p>Stoma and surrounding skin should be in good condition and if there should be treatment directed to resolving this problem.</p> <p>All staff caring for the tracheostomy must be trained and emergency procedures must be known.</p> <p>All needed equipment must be available and in working order. Resident must at all times have readily available a means of communicating with the staff in an emergency.</p>	<p>Infection Control 405.1135 (b) Training 405.1121(h) 442.314 Patient Care Management 405.1124(d) Physicians Services 405.1123(b) Social Services 405.1130(a)</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tracheostomy Care F133 (cont'd)	<p>place, is available at bedside.</p> <ul style="list-style-type: none"> - Does resident have an adequate method of communicating with the staff? - Does staff allow enough time for residents to communicate? 	<p>tracheostomy?</p> <ul style="list-style-type: none"> - What training were you given to enable you to care for tracheostomies? - What is the procedure for tracheostomy care? - How often is the tube changed? - What do you do if the tube comes out? - May I watch you do a dressing change? - If not convenient, describe what you do. [- How do you communicate with a tracheostomized resident?] 	<p>listed in goals.</p> <ul style="list-style-type: none"> + Plan for periodic assessment of appropriateness of residents own self care re: teaching or nursing assuming more responsibility as appropriate. - Intervention - The surveyor should look for documentation of: <ul style="list-style-type: none"> + Trach care and oral hygiene administration, including responsible personnel, time and date, and effects. + Any problems or changes noted in resident condition (e.g., redness, swelling, tracheal obstruction). + Emotional response to tracheostomy. - Evaluation/Reevaluation <ul style="list-style-type: none"> + Resident is or is not benefiting from trach care and skin care. + If problems are noted, the progress notes and plans for care should indicate changes in treatment. + Resident's emotional response to care of the tracheostomy should be evaluated, 		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tracheostomy Care F133 (cont'd)			since this may require additional care planning.		
Suctioning F133 SNF 405.1124(c)	<p>Suctioning is necessary for any resident who is unable to cough up secretions that are obstructing his airway. Suctioning may occur via the oral or nasal route, or stoma route with sterile technique. Suctioning should be made to the resident being suctioned should such an opportunity arise. If so, observe that a clean/aseptic technique is observed throughout and that the resident tolerated the procedure. There should not be bloody aspirant, cyanosis, or bronchospasm. Check that equipment is in good working order, frequency of procedure, etc.</p> <p>Resident observations which indicate need for intervention include:</p> <ul style="list-style-type: none"> - Secretions are draining from a resident's mouth or trach and the resident is unable to 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - How are you feeling now after the suctioning? Does the suctioning seem to help? - Has staff explained to you the need for suctioning? Why do you need to be suctioned? - How often? How often is the suctioning (i.e. nurses or nurses aides)? Do you feel safe with the staff performing the suctioning? - Does everyone do it about the same way? <p>Ask Staff:</p> <ul style="list-style-type: none"> - When and where did you learn to suction? - Tell me what procedure you use when you suction a resident. - Do you always have enough suction machines and catheters? - How frequently is suction tubing changed? - What provisions do you have for suctioning if the electricity is lost? 	<ul style="list-style-type: none"> - Assessment - The record should reflect that: <ul style="list-style-type: none"> + The resident is frequently observed for suctioning needs. + Any limitations a resident has as a result of his suctioning needs should be specified in the record. + Any problems resulting must be specified. - Plan of Care should include: <ul style="list-style-type: none"> + Awareness of the resident's suctioning needs, goals, approaches, and responsible staff + needed to improve the problem or at least to maintain the resident at his present status without further deterioration. - The plan must clearly indicate specific approaches towards: <ul style="list-style-type: none"> - Prevention of skin problems around the trach if one exists. - Correction of any existing skin pro- 	<ul style="list-style-type: none"> - All equipment must be available and in working order. - All staff caring for the resident must know what to do in an emergency. - Current professionally accepted standards of care must be maintained. 	<p>Infection Control 405.1135(b) Patient Care Management 405.1124(d)</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Suctioning F133 (cont'd)	<ul style="list-style-type: none"> - Cough or clear himself. - Crackles or wheezes and/or diminished breath sounds. - The resident is dyspneic. - Restlessness or agitation may also be an indication that suctioning is needed. <p>Upon completion of suctioning above symptoms should, in most cases, be relieved. The surveyor should observe that the resident is positioned to facilitate breathing (usually at a 45 degree angle). Check to see that the facility has an ample supply of suction machines and suction catheters to meet the needs of residents requiring them and that they are clean and properly stored.</p>	<ul style="list-style-type: none"> - Where are your emergency electrical outlets? - What is your procedure for disposing of the secretions from suctioning? - How often does Mrs./Mr. need to be suctioned? - May I observe you when you suction Mrs./Mr.? 	<ul style="list-style-type: none"> - blms. - Provision of good oral hygiene including a rigid schedule for mouth care, schedules, or procedures for maintaining clean equipment at bedside, as well as disposal, or used (dirty) equipment. - Route of suctioning (i.e., oral/nasal/trach). - Intervention - The record should indicate clearly that: <ul style="list-style-type: none"> + The plan of care is being implemented. Documentation should reflect: <ul style="list-style-type: none"> + The number of times the resident required suctioning, for what specific reason, and by whom the resident was suctioned. + Any special treatment the resident received in conjunction with suctioning 		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Suctioning F133 (cont'd)			<p>(i.e., oral hygiene, skin care, etc.).</p> <p>- Evaluation/Reevaluation The record should reflect:</p> <p>+ How well the resident tolerates suctioning procedures.</p> <p>+ Any bloody aspirant, cyanosis, or bronchospasm.</p> <p>+ Further interventions utilized to overcome or improve these.</p> <p>+ The amount of sputum as well as its color and consistency.</p> <p>+ Any progress or lack of progress, deterioration, and/or the development of new problems.</p> <p>+ The evaluation should determine whether goals are being reached or if new goals must be addressed.</p>		
Tube Feedings F133 SNF 405.1124(c)	<p>- Staff use proper technique in administering feedings and medications. Check to see that staff checks for location of tube before feeding and that tubing</p>	<p>If the resident is able to be interviewed, suggested questions may be:</p> <p>Do you feel comfortable/safe with all the staff who perform the feeding?</p>	<p>Tube Feeding Review:</p> <p>- Plan of care</p> <p>- Must document tube placement and formula potency prior to each feeding.</p>	<p>- Has the feeding been ordered by a physician?</p> <p>- Is tube feeding nutritionally adequate?</p> <p>- Have attempts been made to discontinue tube feeding if indicated?</p>	<p>Nursing Services 405.1124(d)(f) 442.338(a)(2)</p> <p>Meal Service 442.331(c)</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tube Feedings F133 (cont'd)	<p>is irrigated before and after addition of medication.</p> <ul style="list-style-type: none"> - The tube is clean and formula flows freely. - The equipment is clean and disinfected. If dressings are ordered, they are in place, clean, and dry. - The nasal tube is securely but comfortably secured on the face with skin maintained intact and without irritation. - The skin around the gastrostomy is kept clean and free from irritation or infection. It should be checked carefully for leakage of gastric contents. - A resident who has a N/G tube for a prolonged period of time should be observed for possible complications, such as nasogastric reflux, esophagitis, gastric ulceration, and pulmonary infection. - Resident is fed slowly with head elevated to 45° during feeding and at least 1 hour post-feeding. 	<p>If not, what happens? Are you losing or gaining weight? What is your goal?</p> <p>Ask Staff:</p> <ul style="list-style-type: none"> - Please describe how you would carry out a resident's tube feeding. 	<ul style="list-style-type: none"> - In the case of continuous feeding, tube placement must be documented at least every 4 hours. - Naso gastric tube must be secured in a manner that is free of pressure on the nostril and nasopharynx. - Identify frequency, amt. of feeding based on the physician's order and time span over which each feeding is accomplished. - Medication and treatment records. - Fluid intake records. - Number of calories as well as amount of additional water. - Documentation present regarding removal and reinsertion of tubes. - Record should indicate measures taken to prevent diarrhea and constipation and to treat if they have developed. 	<ul style="list-style-type: none"> - Is skin free from irritation; mouth care is given several times daily? (More frequent mouth care in the case of continuous feeding.) - Have changes in esophageal condition been noted and addressed (weight loss, constipation, diarrhea, skin condition)? - Have observed problems been coordinated with other departments and resolved? - Is feeding being monitored to ensure that the ordered/appropriate rate? - Varied supplements as preferences allow? 	Dietetic Services 405.1125(c)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tube Feedings F133 (cont'd)	<ul style="list-style-type: none"> Supplies for mouth care are in evidence, observe if possible for technique; mouth shows evidence of good care (i.e., moist, clean.) 				
Nursing Services F137 SNF (405.1124) ICF (442.338) B. Twenty-four hour nursing. F137	Are personnel performing duties they are allowed under the State Nurse Practice Act? Do you observe care being rendered in an appropriate, competent manner? Does the time schedule posted indicate that at least the minimum required personnel are scheduled and actually on duty? What is the usual response time before a call bell is answered? In SNF's is an RN on duty during the day? Are licensed staff and aide staff functioning in appropriate roles? Where are staff spending their time?	Ask Resident: - Do residents generally feel that people taking care of them know what they are doing? - If no, explain. - Are your treatments done in a consistent manner? - If no, explain. - Do you feel that there are enough people here to take care of you? - If no, explain. - How long do you usually wait for help when you put your call light on? - Is there anything that doesn't get done as often as it should? Ask Staff: - Do you feel qualified to do all the work you are assigned to do? - If no, explain. - Do you feel you have enough training to keep up with the care the residents require?	<ul style="list-style-type: none"> Review progress notes to determine who is giving care. Review care plan to determine who the facility has assigned to care responsibility to. Check staffing sheets for minimal requirements and time and attendance for actual staffing. Review charts maintained for ADL medications, I & O, restraints, etc.; to assure that sufficient staff are available for carrying out responsibilities as specified in patient care plans. 	All nursing personnel must function within their State Nursing Practice Act. Levels of staffing meet at least minimum requirements. Nursing care needs must be identified by the facility & documentation, resident and staff interviews should determine if these needs are met. All nursing staff should have education or training to prepare them for the care they perform.	Patient Rights 405.1121(k)(9) Patient Care Policies 405.1121(l) Medical Records 405.1132(c) 442.318(a)(c) Patient Care Management 405.1124(d) 442.341 Staff Development 405.1121(h) 442.314
F138 2. Weekly time schedules are maintained. F139 3. There is a sufficient number of nursing staff					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F139 (cont'd) available to meet the total needs of all residents.	Check for staff who are actually on duty.	- If no, what else do you need?			
F140 4. There is a registered nurse on the day tour of duty 7 days a week (for SNF only). <u>Intent.</u> That all residents are cared for by personnel qualified to provide the care & that sufficient numbers & classifications of personnel are available.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Patient Care Management F167 SNF 405.1124(d) F168 ICF 442.341	Observe resident level of physical, mental, emotional and social functioning. Note problems, potential problems, needs, using observation/interview/record review work sheet.	Ask Resident: - Are you aware that you have a plan of care? - Did you participate in developing a plan of care? - Do you/your family know what the plan is and details? (e.g., diet, ambulation, dressing, etc.) - Do you attend and participate in plan of care meetings? - Who else attends the plan of care meetings? - When did you last attend the meeting for your plan of care? - Does the staff assist you in achieving the goals on the plan of care? If not, who does? - Do you have all necessary assistive devices and equipment? - Is there anything that is not part of your plan of care that you think should be included? - What happens if you question any treatment or procedure? Can you give an example?	Review: - Plan of care The content of the plan of care is of primary importance rather than the format. Separate care plans are not required for each discipline, but may be accepted if there is evidence that the various disciplines coordinate their planning. - Nursing assessment/re-assessments and notes. - Physician orders. - Physician notes. - Assessments/evaluations and progress notes from all professional disciplines as appropriate. - Medication and treatment records as applicable. - Lab reports, as applicable.	- Are all resident's needs/problems identified? - Is the plan developed to meet these needs? - Does the plan demonstrate an interdisciplinary approach, and include: + Goals stated in measurable/observable terms? + Approaches (staff action) to meet the resident action goals? + Responsible disciplines/staff responsible for accomplishing goals? + Is plan being reassessed and changed as needed to reflect current status? + Does plan of care accurately reflect information gained from observation, interview and record review?	Physician Services 405.1123 442.346 Medical Records 405.1132 442.318 Resident Rights 405.1121(k) 442.311 24 Hour Nursing Service 405.1124 442.338 Specialized Rehabilitation Services 405.1126 442.343 Training 405.1121(h) 442.314 Resident Rooms 405.1134(e) 442.325 442.326 Infection Control 405.1135 442.328 442.324
F169 A. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated with the physician's plan of medical care, and is implemented shortly after admission. F170 B. Each professional service identifies needs,					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F 170 (cont'd)</p> <p>goals, plans, and evaluates the effectiveness of interventions plus institutes changes in the plan of care in a timely manner.</p> <p>INTENT</p> <p>The intent is to assure that the facility identifies the residents' (with residents/family input if applicable) needs through the coordinated efforts of all disciplines.</p>		<p>Ask Staff:</p> <ul style="list-style-type: none"> - What is your input into resident's plan of care? - What aspect of the resident plan of care are you carrying out? - What is this particular resident's plan of care? - How do you assist the resident in carrying out the plan of care? - Who attends the care planning meeting? - Is the plan of care useful to you in caring for the resident? - Is there anything the resident needs that is not addressed in the plan of care? - How often is it reassessed? 			<p>Social Services 405.1130 405.1130(a) 442.344(d) Activities 405.1131 442.345 Dietetic Services 442.1135 442.332</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Restorative Nursing Activities of Daily Living F171-176 SNF 405.1124(e) ICF 442.342 442.343(a)(c)	<p>A. Observe residents in need of assistance:</p> <ol style="list-style-type: none"> 1. Is needed assistance provided? 2. Is resident provided assistance and instruction, as appropriate, to increase his/her level of independence? 3. Does staff minimize pain/discomfort while assisting resident? 4. Is resident taught transfer techniques? 5. Is resident assisted to toilet in timely manner? 6. Resident personal equipment available & within reach? <p>Glasses Hearing aids Dentures [Artificial larynx]</p>	<p>Ask Resident:</p> <ul style="list-style-type: none"> - What assistance do you need with bathing and/or dressing? Who helps you? - Does the staff plan with you your dressing/bathing schedule? - Do the nursing and activities staff coordinate your schedule so that you have the opportunity to participate in favorite activities? - Are you able to dress/bathe at times convenient for you? - Are you bathed consistently? (Is on the day(s) scheduled performed?) - Where are you bathed? (bed, shower, tub?) - Are there adequate clothes available for you to wear? - Do they come back from laundry in appropriate condition? - How do you get in and out of bed? - If staff assists you, do they seem to be able to do their job appropriately? Do you always feel safe when 	<p>Review:</p> <ul style="list-style-type: none"> - Plan of care + Reflects assessment, goals, methods to reach goals, service providers, evaluation, and achievement + Addresses restorative nursing assessment, program initiation, implementation and evaluation of the progress over a reasonable time period. - Professional judgment determines the assessment of appropriate time frames. + Potential planning change for all residents to determine a disposition on home care or an alternate level of care. - Nursing Notes + Demonstrate evidence of assessment, intervention, response to treatments/teaching and their progress toward independence, a maintenance level, or a deterioration. + Provide evidence of interdisciplinary conferences. 	<p>Are patient needs identified? Verify that the plan of care addresses resident needs and is implemented as scheduled and that all appropriate information is documented.</p> <p>If goals are not reached, has a reevaluation been performed and goals revised?</p> <p>Does restorative nursing assist the resident to acquire a higher level of independence?</p> <p>Is sufficient time allowed to resident for learning to increase independence?</p> <p>Are assistive devices used regularly as per plan and are they in good repair?</p> <p>Is there an assessment, and if appropriate, a plan for each ADL that the resident needs to gain independence in? Maintenance goals should be noted as appropriate.</p>	<p>Physicians Services 405.1124(a)(b)</p> <p>Nursing Services 405.1124(a)(b)(c) 442.342</p> <p>Dietetic Services 405.1125(a) 442.331(c)</p> <p>Activities 405.1131(a)(b) 442.345(a)(b)</p> <p>Specialized Rehab. Services 405.1126 442.343(e)(1)(2)</p>

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To assist the resident to attain or maintain his/her maximum level of independence and function?

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)	Prosthetic devices (eg. braces, artificial extremities). Adaptive equipment (eg., built-up spoon, reachers). Orthotic devices (eg. splints, AFO's), cast, mitts, wrist, ankle, chairs). Grooming items (eg. comb, brush, shaver). Oral hygiene (eg. toothbrush, toothpaste, mouthwash, denture cup). Self-feeding devices. Assistive devices for special sensory loss needs (eg. communication boards, large print books, magnifiers, writing tablets, picture cards, talking books).	being helped? - Are staff members encouraging you to do things for yourself? - Do you have any problems getting to the bathroom on time? - Do you have any problems with leakage when you urinate. How often do you use the toilet any other particular time? - How does the staff help you with these problems? - Are they aware of the problems? - Do you bowels move regularly? - If not, what do you/ staff do about this? - Are you able to feed yourself? - Are you able to get to the dining room by yourself? If not, why? In that case, what does staff do about this? - How long have you been up today? - Do you usually lie down for a rest? help getting in or out of bed? - If you need help, is staff available to help you when you need it? - Where do you spend most of your time - in your chair, wheelchair or in bed?			
ADL's (cont'd)	Training/re-training Prosthetic equipment Stroke adapted ADL's Self-injections of medications Bowel/Bladder Self-feeding Self grooming Ambulation				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)	<p>Colostomy/Ileostomy Care Respiratory Care (oxygen inhalation) Speech Mobility Upper extremity dressing Lower extremity dressing</p> <p>Observe at mealtime whether staff encourages/guides residents in self-feeding or feeds the residents.</p>	<p>Does anyone move your arms or legs or help you with exercises?</p> <p>- Have your sleeping habits changed since you came to the nursing home? If yes, in what way?</p> <p>- Are you able to get help during the night if needed?</p> <p>+ What kind of help is needed?</p> <p>+ Is staff response timely?</p> <p>- Do you feel there are adequate care supplies at this facility?</p> <p>- If not, can you give me an example of why you feel this way?</p> <p>- Is your family involved in assisting you or if learning to help you?</p> <p>- Do you feel there is adequate staff at this facility?</p> <p>- If not, can you give me an example of why you feel this way?</p> <p>- Does staff assist and/or encourage activities (e.g., R.O.M., ambulation ADL, communication programs, feeding)?</p> <p>- How often does staff assist in activities?</p> <p>- Is there anything resident would like to do</p>			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)		<p>for himself/herself that staff is doing?</p> <ul style="list-style-type: none"> - Is resident comfortable (e.g., free from pain)? - Is your cane/walker/crutches comfortable for you to use? - Did anyone measure you so you have the right size cane/walker/crutches? - Did anyone show you the correct way to use your cane/walker/crutches? - If the facility arranged so that you can get around easily? <p>Ask Activities Staff</p> <p>Do you provide information to nursing staff about time and place of activities, plus names of residents who are to attend or those who might be interested in attending?</p> <p>Chair-bound Resident</p> <p>Ask Resident:</p> <ul style="list-style-type: none"> - Does he/she know why he/she is in a chair? - Is resident assisted to use bathroom? - Is resident comfortable? - Does he/she see therapist (PT, Speech P.T.) and how often? - Does resident go to a 			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)		<p>therapy area or does therapist come to resident?</p> <ul style="list-style-type: none"> - Is able to reach items needed? <p>Ask Nurses Aide</p> <ul style="list-style-type: none"> - Who give you information about the time and place of activities and which residents are to attend? - How are you given this information? - How do you encourage a resident to do the most for themselves? <p>Wheelchair Resident</p> <p>Ask Resident:</p> <ul style="list-style-type: none"> - Does he/she know why he/she needs a wheelchair? - Is resident trained and/or encouraged in independent use of ambulation device? - Does resident know how to lock and unlock wheelchair? <p>Ask Staff:</p> <ul style="list-style-type: none"> - How is a resident set up for independent W/C ambulation? - Nurse Aide - has resident received instruction in transfer techniques? <p>For Bed Bound Resident In addition to appropriate interview questions above:</p>			

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)		<p>Ask Resident:</p> <ul style="list-style-type: none">- How do you spend your day?- Can you do some things for yourself?- Does the staff give you a chance to learn self-care skills? <p>Ask Nurse:</p> <ul style="list-style-type: none">- If the resident had access to a recliner chair, would he/she be able to be out of bed?- Is the time out of bed coordinated with the activity schedule and necessary care? <p>Ask Nurses Aide:</p> <ul style="list-style-type: none">- Does this resident do any self-care? Why not?- If no, has anyone tried to teach him/her to do some care?			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Positioning F175 SNF 405.1124(e)	Observe residents in bed, chairs, restrained, or in "protective devices" for - body alignment - positioning - contractures (when did they occur and what is being done)? (observe ROM program) - ROM program (observe extent & technique of provider) - Assistive devices (overhead pulleys, slings, splints, etc.) - Turning/repositioning schedule and adherence to the schedule. - Devices to maintain positioning, i.e., sandbags, extra pillows, etc.	Ask Resident: - How often are you turned/repositioned by the staff? - Is that often enough? - Are you comfortable now? - Do you have any pain or discomfort? When? - How often have you had joint stiffness (contractures)? - What kinds of exercise do you do every day, including range of motion (ROM)? How long does the exercise last and how frequently do you exercise each week? - Do you wear special devices? How often? - Consistently? - Are they always applied and removed appropriately and promptly? - How often? - By whom? Bed Rest Resident Ask Resident: - Why do you have to stay in bed? - How often does staff check on you? - Do they know how to get you up? - Who sets you up and/or assists you in bedside ADL's? - Does staff, therapist check positioning, supportive devices?	<ul style="list-style-type: none">- MD orders for non-sq interventions/treatments.- Plan of care should include at a minimum:<ul style="list-style-type: none">+ Restorative goals+ Specific joints to be exercised+ devices to be used in positioning+ frequency of treatment or repositioning+ resident teaching information+ services responsible for carrying out the procedures+ time frames for reaching goals- Nursing progress notes indicate:<ul style="list-style-type: none">+ Plan has been implemented+ Progress toward goals+ Response to information from reevaluation- Look for actual turning/repositioning schedule	Plan of care should be complete (addressing resident positioning needs) and plan is implemented on a daily basis. Care givers are knowledgeable re Plan content. Repositioning is scheduled. In good body alignment with proper assistive devices & equipment. Contractures are prevented and/or treated. Plan is reviewed, reevaluated and revised at least quarterly, but must be done as often as patient condition dictates. Ask aide assigned to demonstrate the hand holds he/she uses for ROM. If aide doesn't know, ROM is probably not being done. Do it "at bath time" is not sufficient.	Rehabilitative Services 405.1126(h) 442.343(c)(2) MD Orders Activities Resident Rights Nursing-Staffing Inservice Social Service Dietary
<u>Intent</u> To assure that the resident is positioned at all times to promote maximum therapeutic benefit and comfort, as well as safety.	Specific Observations for the Bed Resident (as appropriate to condition). Positioning/body alignment Resting splints & correct application Foot positioning boards Trapeze Head rolls Elbow/leg splints & correct application Restraints Siderails (padded) Special mattresses				

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F175 (cont'd)	<p>Blankets/pillows Clean, smooth linen Clean, appropriate bed wear Turning schedules ROM schedule O.O.B. (as tolerated) Water available All adaptive devices are clean and in good repair. All assistive supportive devices are clean and in good repair.</p> <p>Specific Observation for the OOB Resident in Chair (geri-chair, lounge chair in room, as appropriate to condition) Arrangement of room facilitates residents optimal independence (e.g., independent eating, grooming, T.V., radio, water). Positioning/body alignment. Blankets/lap robe, pillows, foot stool. Hand rolls, splints. Clean, dry attire. Pressure relief device. Restraints, with release & activity schedule. Call bell available.</p>	<ul style="list-style-type: none"> - When? - Does staff answer call bells promptly? How soon? - Is resident able to reach items (e.g., water call bell, urinal, emesis basin, tissues)? - How much confidence do you have when the nurses are helping you transfer, or turn and do on? - Does resident go to therapy area or does therapist come to resident? <p>Bed Rest Resident Ask Staff:</p> <ul style="list-style-type: none"> - How often is position changed? - What activity is done at the time (e.g., R.O.M., toileting, OOB, grooming)? - What can resident do independently? - Is equipment available? - Who maintains and cleans the equipment? - What is the schedule for this? - What training have you had to learn to position patients correctly? 			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F175 (cont'd)	<p>Specific Observation for the Wheel Chair Resident (as appropriate to condition, including deliberate alterations made to equipment for specific reasons.)</p> <ul style="list-style-type: none"> - Proper fit - Good working condition - Appropriate arm rest, footrest, leg support, lap tray - Proper positioning - Pressure relief aids, pads, egg crate mattress, sheepskin) - Set up for independent use - W/C ambulation toilet, adapted - Transfer techniques <p>Observe how staff wheel the resident (e.g., do they inform before starting movement)?</p> <p>Are patients moved wheeling forward and facing elevator doors?</p> <p>Observe staff for:</p> <ul style="list-style-type: none"> - verbal cues - physical support - body mechanics <p>Specific Observation for the Ambulatory Resident (as appropriate to condition)</p> <ul style="list-style-type: none"> - Gait (steady/unsteady) - Appropriate devices for 	<ul style="list-style-type: none"> - Was there any part of your orientation when you first came to work here that addressed positioning? - Do you have any periodic reviews/updates on positioning? <p>Chair Bound Resident</p> <p>Ask Staff:</p> <ul style="list-style-type: none"> - How often is resident repositioned/taken out of chair? - What is the activity at time of repositioning and/or release of the restraint? - What does resident do independently? <p>Ambulatory Resident</p> <p>Ask Staff:</p> <ul style="list-style-type: none"> - Is resident encouraged to independently ambulate to and from activities and dining room (with or without personal assistance)? - Does resident do as much as he/she can independently? - What does resident do? - How do you know that resident is maximally independent? - If it is not working independently, how do 			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F175 (cont'd)	ambulation (e.g., cane, prostheses, hemi-sling) - Appropriate staff assistance in ambulation - Grab bars (halls, bath/shower area) - Functionally adapted toilet area	<ul style="list-style-type: none"> - Do you deal with it? - Is there something resident would like to do that he/she is not allowed to do (e.g., shave self, apply make-up, style own hair)? - What training have you had in learning to position residents and do range of motion? - What opportunity do you have for ongoing training? - Who does the actual training? <p>Check question placement under Interviewing. May be more appropriate for resident's rights section. Observe wheeling technique used by staff.</p>			
<p>Nursing Services</p> <p>G. Administration</p> <p>F183-184</p> <p>SNF 405.1124(g)</p> <p>ICF 442.337</p> <p>F186</p> <p>1. The patient is identified prior to administration of a drug.</p>	<p>Observe a drug pass with at least 20 residents receiving medication. See SOM Appendix N, Transmittal No. 174 for details of the Surveyor Methodology for Detecting Medication Errors.</p> <ul style="list-style-type: none"> - Observe medication administration techniques (e.g., hand- 	<p>Ask Resident</p> <ul style="list-style-type: none"> - Do you always receive medication on time? - If not, what is the problem? - Do you receive the correct medication? - What does it look like? - Who explained your medications to you? - What reactions do you have? - What happens if you have a question or refuse to take your medication? - Who gives you your medication? - Do your medications change in appearance? 	<p>Review the medication administration record. (as appropriate)</p> <p>See S.O.M. Appendix N, Transmittal No. 174 for details of the record review.</p>	<p>If the combined total of significant & non-significant errors is 5% or above, a deficiency is present.</p> <p>Any significant error is cause for a deficiency.</p> <p>See Appendix N for details.</p>	<p>Physician Services 405.1124(b)(7)</p> <p>Pharmaceutical Services Supplement 405.1127(a)</p> <p>442.336(a)(b)</p>

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F187 2. Drugs and biologicals are administered as soon after doses are prepared.	washing, pouring of dosage, position of resident).	<ul style="list-style-type: none"> - Do the nurses stay with you when you take your medication? - Do any of the medications bother you? Ask Staff: <ul style="list-style-type: none"> - Do you generally have available the medications you need? - Are there any problems in administering medications? Note drug doses refused by resident and how handled by staff.			
F188 b. Administered by same person who prepared the medication except under single unit dose packet distribution system.					
Exception: ICF residents may self administer medications with their physician's permission.					

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
H. Conformance with Physician Drug Orders F189 F190 F191 SNF 405.1124(h) ICF 442.334(a) Drugs are administered in accordance with written orders of the attending physician. Intent All residents receive medications as ordered by the physician.	Combine with observation of drug pass.		<ul style="list-style-type: none">- Review the latest recap of the physicians orders- Review the medication administration record (as appropriate)- See S.O.M. Appendix N, Transmittal No. 174 for details of the record review.	See Appendix N for details	Physician Services 405.1123(b)(7)

LONG TERM CARE SURVEY

SURVEY AREA CROSS REFERENCE	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	
DIETETIC SERVICES (Condition of Participation)	<ul style="list-style-type: none"> o <u>Specific Observations which might be indicative of possible nutrition problems:</u> 	<p>Ask dietary manager to explain the procedure for making substitutions and recording the changes.</p> <ul style="list-style-type: none"> - Is menu usually followed? <p>Ask Resident:</p> <ol style="list-style-type: none"> 1. How are your meals? 2. Are there foods you are not allowed to have? 3. Are you on a special diet? 4. Do you receive foods that are not appropriate for your diet? If so, what do you and the staff do about that? 5. What time do you receive breakfast, lunch and supper? Do you always receive a meal at mealtime? If not, why? What happens then? 6. Do you like the taste of the food? 7. Is the temperature appropriate (i.e., milk chilled, coffee hot, etc.)? 8. Do you get enough to eat? What do you do if you're still hungry after a meal? 	<p>Review Nutrition assessment for the following documentation:</p> <ul style="list-style-type: none"> o Usual/ideal body weight/height o Dietary allergies/sensitivities, ability to chew and swallow regular foods without difficulty. o Full or partial dentures o Mental and emotional condition o Physical appearance, skin condition o Appetite and food preference. o Vitamin and mineral supplements. o Food and fluid intake in measurable terms and frequency of meals. o Degree of assistance needed in eating, related mobility, vision, or other identified problems. o Medications (e.g., diuretics, insulin, antibiotics, etc.) o Related laboratory findings (e.g., fasting blood sugar, cholesterol, sodium, potassium, hemoglobin, BUN, serum albumin, transferrin or creatinine, weight index if available). 	<ul style="list-style-type: none"> o Were physician diet orders followed? o Did nursing plan for feeding and assistance at mealtime? o Is there rehabilitative use of assistive devices, if appropriate? o Is modification of consistency of meals made if resident has a change of condition? o Are between meal and bedtime snacks provided as needed? o Is socialization at meals provided? o Has dietitian provided counseling of resident and family as needed (related to diet)? o Usual body weight is maintained/supported? o Is there evidence that the plan is being carried out (e.g., documentation in the resident's chart, observation by the surveyor, and resident/staff interviews)? If the resident refuses meals or does not respond to intervention, the notes in the chart should indicate efforts to intervene or provide counseling. 	<p>Physician Services</p> <p>405.1123 442.346</p> <p>Medical Records</p> <p>405.1132 442.318</p> <p>Nursing Services</p> <p>405.1124(e)(f)</p> <p>Specialized Rehabilitative Services</p> <p>405.1126</p> <p>Patient Care Management</p> <p>405.1124(d)</p>
F193 SNF (405.1125)	<ul style="list-style-type: none"> - underweight/overweight - dehydration - edema - cracked lips - pallor or dry hair - swollen or red tongue - bleeding gums - decubitus ulcers - infections 				
A. Menu and Nutritional Adequacy					
F194 SNF (405.1125(b))					
F194 ICF 442.332(a)(1)	<ul style="list-style-type: none"> o Physiologic factors which may affect intake: <ul style="list-style-type: none"> - Swallowing difficulties - Vomiting - Food intolerance - Poor dentition - Sore mouth - Constipation - Diarrhea - Inability to feed self - Decreased visual and olfactory acuity - Unable to communicate - Loss of appetite o Psychological/Social <ul style="list-style-type: none"> - Confusion 				
F196 Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196(cont'd) Intent Ensures that each resident receives food in the amount, kind, and consistency to support optimal nutritional status.	<ul style="list-style-type: none"> - Excessive food likes and dislikes - Refusal to eat - SELECTED BIOCHEMICAL CHANGES WHICH INDICATE NUTRITIONAL STATUS: <ul style="list-style-type: none"> - Visceral protein status <ul style="list-style-type: none"> o serum albumin o transferrin o Serum electrolytes <p>During mealtime observe the resident for:</p> <ul style="list-style-type: none"> - adherence to food preferences - adequate space for eating - self-feeding skills - proper position for eating - ability to eat foods served - use of adaptive feeding devices - amount of food actually eaten - protection of resident's clothes - amount of time resident is allowed to chew and swallow - Assistance provided as needed to and from dining area - All beverages are covered 	<p>9. Do you receive nourishment in the evening? Do you have a choice about what you want to eat?</p> <p>10. Do you receive medicines during meals? If yes, do you know what it is or what it is for?</p> <p>11. Do you get food from outside of facility that you buy or family brings? How often? What kind of food?</p> <p>12. How often does anyone from the kitchen come to ascertain your feelings and opinions on the food service, your portion size, etc.?</p> <p>13. Where do you eat (e.g., dining room, your room, etc.)? Is this your choice? Do you have a choice of where you eat?</p> <p>14. How often have you seen a therapist for your swallowing difficulties? "How has the therapist instructed you/staff/family on methods to improve your swallowing?"</p> <p>Ask Dietician</p> <ul style="list-style-type: none"> - Describe the meal planning input you receive from residents. 	<ul style="list-style-type: none"> o Food/drug interactions o Mental/emotional assessment as it relates to resident's food habits. o Plan of Care o Nursing Notes o Review: <ul style="list-style-type: none"> o Physicians orders o Progress notes o Notes from other professional disciplines as appropriate. <p>Nutritional status depends not only on adequacy of menu planning but also whether the resident eats the food and how the body uses it. While the surveyor is not responsible for individual nutritional assessments of residents, when specific information is needed during the survey to make a compliance decision, the surveyor will utilize the following minimum assessment guideline:</p> <p>Menu Evaluation</p> <ul style="list-style-type: none"> o Adequate in energy and nutrients <ul style="list-style-type: none"> - Protein - Calories 	<p>Is there evidence that the resident's progress is regularly observed (e.g., awareness of food and fluid intake such as acceptance of foods, food consumed, and resident's appetite)?</p> <ul style="list-style-type: none"> o Is fluid intake for resident encouraged, Foley catheter, problem feeders monitored? o Is there general evidence as to whether poor resident conditions are due to poor care or whether the facility has taken appropriate measures to prevent or resolve problems. o Is there indication of progress toward desired outcomes? If not, is the evidence of re-evaluation available within specified time frames? o When the anthropometric and clinical data do not correlate with dietary data (food intake, dietary supplements) the surveyor should take note that the problem may not be nutritional. <p>Nursing Services -405.1124(f)</p>	

LONG TERM CARE SURVEY				
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
FT96(cont'd)	Assistance being provided in case of choking, incontinence, falling, or other emergencies. Nursing Staff supervision of dining areas including residents' rooms during meal times.		<p>– Vitamin C</p> <p>– Calcium</p> <p>Selected evaluation of residents for in depth review:</p> <p>A check list can be used to evaluate daily menus for basic foods: (use standard serving portions)</p> <p>Daily food plan should include:</p> <p>Milk Group 1 pt milk</p> <p>MEAT GROUP</p> <p>5 equivalents: * 1 equivalent equals 1 oz. of meat (edible portion) weighed after cooking (this includes eggs, dried peas, beans, nuts, and all meat, fish and poultry).</p> <p>VEGETABLE AND FRUIT GROUP</p> <p>5 servings or more, including a dark green or deep yellow vegetable for vitamin A value every other day and a citrus fruit or other fruit rich in Vitamin C daily.</p>	
				CROSS REFERENCE

LONG TERM CARE SURVEY				
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
F196 (cont'd)	<p>Observe serving portions sizes on all menu items:</p> <p>MILK GROUP - 1 pint daily Source of: Protein Calcium Phosphorus B Complex</p> <p>MEAT GROUP - 5 lean meat equivalents (1 meat equivalent = 1 oz meat, poultry, fish, cheese & eggs; also dried peas, beans, and nuts). Source of: Protein Iron Vitamin B12</p> <p>VEGETABLE AND FRUIT GROUP - 5 servings or more (1/2 cup = 1 serving) Source of: Vitamin A,C, B6, Folic acid, Fiber</p> <p>BREAD-CEREAL-POTATO-LEGUME-PASTA GROUP - 7 servings (1 slice bread; 1/2 cup other; 3/4 cup flake-type cereal).</p>		<p>BREAD-CEREAL-POTATO-LEGUME-PASTA GROUP 7 servings FATS AND SWEETS (Without this group the diet contains 1,415 Kcal) Diets should be adapted from facility's currently approved diet manual. Menus are dated and contain minimum portion sizes. Are substitutions noted on the file copy?</p>	
			<p>Are substitutions made within the same food group (e.g., meat for poultry, source of protein in the meat group, or vegetable of similar nutritional value)?</p>	

LONG TERM CARE SURVEY				
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
F196 (cont'd)	<p>FATS AND SWEETS (to increase caloric intake)</p> <p>IODIZED SALT (unless contraindicated)</p> <p>Adequate fiber in diet</p>		<p>o Documentation of decision to withdraw or begin artificial feeding and hydration.</p> <p>Check menus for variety</p> <p>Are they specific (i.e., states kinds of fruit, juice, vegetable)?</p> <p>DIETARY SERVICES SELECTED NUTRITIONAL REQUIREMENT RECORD REVIEW</p> <p>N.B. The basal energy expenditure (BEE) and calorie requirement using Harris-Benedict formula recognizes the variation in energy needs for individuals.</p> <p>1. Anthropometry— Height /Weight</p> <p>NOTE: The following sample formulas and guidelines are not the only acceptable guides available. The surveyor should ask to use the assessment guidelines used by the facility before using the ones provided here.</p> <p>o Important indicator of nutritional outcomes.</p> <p>o Disease state can have adverse effect on desired body weight.</p>	
				CROSS REFERENCE

LONG TERM CARE SURVEY				
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
F196 (cont'd)			<p>2. <u>Height for Height Calculation</u></p> <p>Females:</p> <p>Allow 100 lbs. for first 5 ft. of height plus 5 lbs. for each additional inch</p> <p>Males:</p> <p>Allow 106 lbs. for first 5 ft. of height plus 6 lbs. for each additional inch</p> <p><u>Estimating Caloric Needs</u></p> <p>1. <u>FORMULA: Harris-Benedict Equation</u></p> <p>Men: $66 + (13.7 \times \text{Wt. in Kg}) + (5 \times \text{Ht. in cm}) - (6.8 \times \text{Age}) = \text{BEE}$</p> <p>Women: $65.5 + 9.6 \times \text{Wt. in Kg.} + (1.7 \times \text{Ht. in cm}) - (4.7 \times \text{Age}) = \text{BEE}$</p> <p>Parenteral Anabolic: $1.75 \times \text{BEE}$</p> <p>Oral Anabolic: $1.5 \times \text{BEE}$ (Kcals)</p>	
				CROSS REFERENCE

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)			<p>Oral Maintenance: 1,20 x BEE (kcal)</p> <p><u>Metric Conversions</u> (Approx)</p> <p>pounds (lb.) x 0.45 = kilograms (Kg)</p> <p>inches (in.) x 2.5 = centimeters (cm)</p> <p><u>Estimating Protein Needs</u></p> <p>1. Allow 0.8 gram protein per kilogram of ideal body weight.</p> <p>2. Increase to 1.2 - 1.5 gm/kg for patients with depleted protein stores (decubitus, draining wounds, fractures, etc.).</p> <p><u>Fluid Requirement</u></p> <p>Based on actual body weight:</p> <p>Over 55 years with no major cardiac or renal diseases: (NOTE: 2.2 lbs. equals 1 kg of body weight)</p>		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE																							
F196 (cont'd)			<p>Example: 120 lbs/2.2 lbs. = 54.5 kg (55 kgs) 55 kg x 30 cc = 1,650 cc/day</p> <p>Note: Isotonic Standard Tube Feeding = Approximately 80% water.</p> <p><u>Amputation % of Body Weight</u></p> <table><tr><td>Leg</td><td>20%</td></tr><tr><td>Below Knees</td><td>10%</td></tr><tr><td>Arm</td><td>6%</td></tr><tr><td>At Elbow</td><td>3.6%</td></tr></table> <p><u>Suggested Standards for Evaluating Significance of Weight Loss</u></p> <p>% of body weight loss</p> <table><tr><td>Inter- val</td><td>Significant Loss</td><td>Severe Loss</td></tr><tr><td>1 week</td><td>1-2%</td><td>2%</td></tr><tr><td>1 month</td><td>5%</td><td>5%</td></tr><tr><td>3 months</td><td>7 1/2%</td><td>7 1/2%</td></tr><tr><td>6 months</td><td>10%</td><td>10%</td></tr></table> <p>From Blackburn, et al: "Nu- tritional and Metabolic Assessment of the Hospital- ized Patient: JPEN vol. 1, 1977.</p>	Leg	20%	Below Knees	10%	Arm	6%	At Elbow	3.6%	Inter- val	Significant Loss	Severe Loss	1 week	1-2%	2%	1 month	5%	5%	3 months	7 1/2%	7 1/2%	6 months	10%	10%		
Leg	20%																											
Below Knees	10%																											
Arm	6%																											
At Elbow	3.6%																											
Inter- val	Significant Loss	Severe Loss																										
1 week	1-2%	2%																										
1 month	5%	5%																										
3 months	7 1/2%	7 1/2%																										
6 months	10%	10%																										

LONG TERM CARE SURVEY				
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
F196 (cont'd)			<p>Lab Indices for Visceral Proteins</p> <p>Albumin g/dl 3.5-3.2</p> <p>Total Lymphocyte Count (cu/mm) 1800-1500</p> <p>Transferrin (If Available) 200-180</p>	<p>Mild Deficiency 3.2-2.8</p> <p>Moderate Deficiency 1500-900</p> <p>Severe Deficiency 900</p> <p>180-160</p>
				CROSS REFERENCE

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
B. Therapeutic Diets	System for the provision of diets: o Dietetic service Kardex or file o Therapeutic menus o Nourishment preparation and service o Adequacy of nourishment o Individual menus or diet cards SPECIAL FEEDINGS: The surveyor should also attempt to observe that: o Staff use proper technique in administering feedings and medications, check to see that staff checks for location of tube before feeding and that tubing is irrigated before and after addition of medication. o Unused milk-based tube feeding should be discarded in a timely manner	Ask Staff: o Number, type of therapeutic diets? o Time of nourishment activity, who's responsible? o Nourishment provided for day of survey: <u>The surveyor should interview staff regarding their knowledge of the feeding schedule and training in administering tube residents feedings. Staff should be asked if they are following with the tube in place (i.e. poor toleration). The surveyor should inquire if mouth feeding was attempted.</u> Ask Resident: If the resident is able to be interviewed, suggested questions may be: 1. How long have you been fed by this tube? 2. When was the last time you tried to eat by mouth? What happened? 3. How often do you receive the feeding? Is this consistent?	Review: – Physician diet orders in medical record – Nurses' Kardex – Dietary Kardex – Therapeutic diet menu – Diet cards Note: – Consider appropriateness of special diet—updated and reviewed since admission – Progress notes reflect reevaluation of resident's progress on diet. Selected number of residents on therapeutic diets should be considered for in-depth reviews.	On Pureed diets: o Ordered by physician o Prepared fresh daily o Same calories and/or food groups as if served whole. Pureed foods are coordinated with general/regular menu. On Tube Feeding: o Has the feeding been ordered by physician? o Is tube feeding nutritionally adequate? o Have attempts been made to progress tube feeding if indicated? o Have changes in resident condition been noted and addressed.	Nursing Services 488.112 488.112(a) 488.112(c) (d.) Patient care (f.) Supervision of patient nutrition
F197 SNF 405.1125(c) F198 442.332(b)(1) ICF (2)					
F199 1. Therapeutic diets are prescribed by the attending physician.					
F182 2. Therapeutic menus are planned, prepared, and served as ordered with supervision from the dietitian and advice from the attending physician whenever necessary.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F197-199 (cont'd)		<p>4. Does the staff help you in feeding? Do you feel comfortable/safe with all the staff who perform the feeding? If not, what happens?</p> <p>5. Are you losing or gaining weight? What is your goal? What is changed? Who does this? Do you feel comfortable/safe with all staff who perform this procedure?</p> <p><u>Interview staff regarding knowledge of diabetic diets.</u></p> <p>o What nourishment does the diabetic patient receive?</p> <p>o If diabetic patient refuses the meal, what is done to supplement the meal?</p> <p><u>If resident is able to be interviewed, suggested questions:</u></p> <p>1. How long have you been on your diabetic diet?</p> <p>2. Do you know some of foods you must avoid? What are they?</p>	<p>well as amount of additional water</p> <p>- Periodic reassessment of ability to swallow</p> <p>- Record should indicate measures taken to prevent diarrhea and constipation and to treat if they have developed.</p> <p>Diabetic Diets Review:</p> <p>o Pertinent Laboratory data:</p> <p>- urinary glucose</p> <p>- serum glucose</p> <p>o Wt. gain/losses</p>	<p>weight loss, constipation, diarrhea, skin condition)?</p> <p>o Have observed problems been coordinated with other departments and resolved?</p> <p>o Is feeding being monitored to ensure that feeding is occurring at the ordered/appropriate rate?</p> <p>o Varied nourishments as preferences allow?</p> <p>On Diabetic Diets and Other Therapeutic Diets</p> <p>o Ordered by Physician</p> <p>o Varied, nutritionally adequate</p> <p>o Individualized to suit resident</p> <p>o Re-evaluation indicates diet meets objectives. If not appropriate, documentation is provided</p> <p>o Laboratory results support diagnosis</p> <p>o Between meals nourishment provided as needed and recorded in measurable amounts.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F197-199 (cont'd) F198 Therapeutic diets prescribed by the attending physician	Observe tray/meal service: o Low sodium diets are palatable (taste) o Sugar sources on diabetic diet trays o Salt sources on sodium restricted diet trays.	3. Do you receive a nourishment between meals or before going to bed?			
F199 Therapeutic menus are planned in writing, prepared and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.	Functioning system to provide the needed nutrients: - Resident's general appearance + Meal service + Food acceptance - Preferences + Food supplement + Medical system support + Method of service + Assistance provided + Timely provision as ordered - Portion sizes - Conforms to physicians orders	FOR THE RESIDENT WITH DECUBITUS ULCERS Ask Staff: 1. Regarding knowledge of dietary needs. 2. What do you do when this resident refuses milk, meats, bread, etc.? 3. What nourishments are provided to this resident? 4. What happens when a weight loss is noticed with this resident? Ask Resident: 1. Has anyone talked with you about the importance of eating your meals? 2. Do you get foods that you don't eat on your tray? 3. When do you feel hungry? 4. Do you get between meal nourishments?	1. Identify residents with conditions that immobilize or prevent voluntary body movement. 2. Identify location, number, size and depth of decubitus ulcers. 3. Calculations of kilocaloric and protein levels, as needed. 4. Monitor and record assessment and recommendation. 5. Progress notes + monitor weight + monitor healing of decubitus ulcers. 6. Pertinent Laboratory Data + Hemoglobin/Hematocrit + Serum Albumin + Total Lymphocyte Count 7. Fluid Intake + sufficient to maintain hydration	A system is in place to provide the type and amount of nutritional support needed by the residents who have developed decubitus ulcers. Food and supplementation are provided in a method consistent with the needs of residents with decubitus ulcers. Nutritional intervention is assessed and reassessed to ensure appropriate intervention for acceptable health care outcome.	Nursing Service 405.1124 (d) Patient Care (f) Supervision of Patient Nutrition

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F197-199 (cont'd) F198 Therapeutic diets are prescribed by the attending physician	RENAL REVIEW System in place for the correct provision of renal diets. - Individualized menu - Dietary Staff Utilize menu when serving diets.	Interview Staff regarding knowledge of renal diets: 1. What foods should be restricted when a patient has kidney problems? 2. What nourishments are given to these patients? 3. Are fluids restricted? Ask Resident: 1. Are you on a special diet? 2. What foods must you avoid? 3. Do you feel hungry? 4. Do you eat everything at mealtimes? 5. Are the foods the kitchen sends you the correct ones for your diet? 6. Has the dietitian explained your diet to you?	Renal Patient Diet Review - Pertinent Laboratory Data + Serum Sodium + BUN + Serum Potassium + Albumin + Hematocrit + Creatinine - Pertinent Medications + Vitamin/Mineral + Supplements - Weight gains/losses	On Renal Diets - Ordered by physician - Written menu nutritionally complete in so far as medically possible, including calories - Individualized to suit resident - Laboratory testing as needed - Coordination with dialysis unit to determine effectiveness of diet	Nursing Service 405.1124 (d) Patient Care Plan (f) Supervision of Nutrition
F199 Therapeutic menus are planned, written, prepared and served as ordered with supervision from dietitian and advice from the physician whenever necessary.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
C. Preparation F204 SNF 405.1125(e)	Observe: o Feeding assistance is provided or not provided by staff o Length of time residents sit and wait for meal service o Food is served soon after cooking or refrigerated o Trays are free of spillage of foods or liquids o Foods are appropriately covered and kept at a proper temperature o Cooking and service utensils are clean, sanitary and greaseless o Refrigerated foods must be covered o Leftover and pre-cooked foods must be dated and labeled o All cooked food stored above raw meats in refrigerator o Temperature gauge on or in refrigerator to record temperature o Shelving to allow air circulation o Food not stored in refrigerator must be stored off the floor (This is applicable to food stored in walk-in refrigerator and freezer.)		Review: o Plan of Care o Progress notes o Notes from other professional disciplines to determine rehabilitation potential to self o Record of food substitution o Record of food substitute alternate choice provided o Standardized recipes	The facility has kitchen and dietetic service areas adequate to meet the food service needs. These areas are properly ventilated, arranged and equipped for sanitary refrigeration, storage, and preparation of food. Equipment and storage areas are clean, well maintained, within proper temperatures ranges, and safe.	
F205 1. Food is prepared by methods that conserve its nutritive value and flavor.					
F206 2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				Proper temperatures: (Fahrenheit) Frozen food storage --- 0 or below Cold food storage --- 40-45 degrees Hot food holding equipment --- 140 degrees minimum Dishwasher wash cycle --- 150 - 160 degrees Dishwasher rinse cycle --- 160-180 degrees or a color change in thermopaper; or adherence to manufacturers recommendations	
F207 3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F207 (Cont'd) INTEI To provide foods that are safe and nutritious SNF 495.1125(e)	<ul style="list-style-type: none"> - No rust on shelves - No dripping or spillage on shelves and floors - Degree to which diet modification is commensurate with residents tolerance and capability - Residents for meal satisfaction - Observe appearance of food color, texture, aroma, and flavor - Less than 75% of meal is consumed - Type of substitutions provided 		<ul style="list-style-type: none"> - Progress notes - Diet card - Day's menu substitute record 	Dietary personnel are clean and free of infectious disease. They practice acceptable techniques and procedures to keep foods at proper temperatures and protected against contamination. Is dietary information pertinent to dietary modification? Has resident been assessed for eating program to maintain independence? The food substitute is of similar nutritive value as the refused item (e.g., milk refused, alternate of calcium rich food should be provided.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
D. Frequency F208 SNF 405.1124(d)	<ul style="list-style-type: none"> o Menus as under A on page 63 o Who serves nourishments o Nourishment list and schedule 	<p>Interview various residents about the nourishment service:</p> <ul style="list-style-type: none"> o Are nourishments offered routinely? o At what time are they offered? o By whom? o What kind of nourishments are offered? 	<p><u>Review</u></p> <ul style="list-style-type: none"> o Menu as under A o Nourishment List 	<p>Three meals or their equivalent are served daily with not more than a 14-hour span between the evening meal and breakfast.</p> <p>The nourishment service is more difficult to evaluate: must find evidence that patients are offered nourishments on a planned basis and documented.</p>	
F209 ICF 442.331(a)					
F210 1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.					
F211 2. To the extent medically possible, bedtime nourishments are offered to all residents					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
E. Staffing F212 SNF 405.1125 (a) F213	<ul style="list-style-type: none"> - Food service personnel are on duty for all defined dietary responsibilities: <ul style="list-style-type: none"> - Supervision - Food Preparation - Dishwashing - Cleaning - Duty Schedules 	<ul style="list-style-type: none"> - Interview personnel to verify that they are aware of their responsibilities and job descriptions. 		<ul style="list-style-type: none"> - From an assessment of the total dietetic service operation: <ul style="list-style-type: none"> + The dietetic supervisor is capable of the overall management and supervision of the dietetic service. + There are dietetic personnel on duty over a 12-hour period who demonstrate ability to perform tasks adequately. + Dietetic personnel receive appropriate orientation and training consistent with their duties and responsibilities. There is evidence that the dietetic staff are knowledgeable about food service policies and procedures and apply these accepted professional practices in their daily work. + Services provided are consistent with the size, scope and facilities available. 	
1. Food service personnel are on duty daily over a period of 12 or more hours. Intent Persons are providing services commensurate with their level of training; and at the level of sophistication needed by the residents.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
SPECIALIZED REHABILITATIVE SERVICES F216 SNF 405.1126 F218 SNF 405.1126(b) SNF 405.1126(b) F216 ICF 442.343	OBSERVE RESIDENTS As per "Restorative Nursing Activities of Daily Living" SNF 405.1124(e)(2)(b) ALSO: OBSERVE RESIDENTS IN THERAPY AREAS: - Is privacy provided during treatment, as applicable (e.g., cubicle curtains, room dividers, one to one area)? - Is there appropriate, courteous resident/staff interaction? - Are therapy areas appropriate to treatment given (e.g., small, quiet area for speech/language/ hearing test and sessions, large for P.T., exercise and therapy groups, O.I.; perceptual testing/splinting, A.D.L. adaptations area, as applicable)? - Is equipment cleaned and in good working order? Is it operating as per manufacturer instructions (e.g., hydrocollator temp., paraffin, whirlpool, etc.)?	ASK RESIDENT: (or ask staff, if resident has severe communication problem) - Are you receiving any kind of therapy? P.T.? O.P.? Speech? - What kinds of therapy are you on your swallowing problem? - What kinds of therapists have instructed you on how to improve your swallowing? - How do the methods to improve swallowing help you? - How often do you see the therapist? - What happens if the therapist is absent for scheduled treatments? - Where do you receive your therapy? - How long have you been receiving therapy? - Do other staff members assist with therapy? Who and in what way? (portable equipment, room temperature, privacy, etc.)? - Do you have input into developing or revising your therapy treatments? - What things did you do immediately before entering this facility, that you are unable to do now? ASK THERAPY STAFF: - How many days/hours per week do you provide therapy? - Do you participate in the development of the resident's overall plan of care? In what way? - Do you utilize P.T.	REVIEW: - Plan of care - Orders - Nursing assessment and progress notes - Aide assignment sheets - Therapy assessments/evaluations (includes a minimum of): + name, age, date, diagnoses + referring physician and reason for referral + history, precautions, limitations + objective documentation (e.g., tests, measurements) + rehabilitation potential - Treatment plan (includes a minimum of): + specific rehabilitation needs and objectives + treatment to meet specific measurable rehabilitative goals + type, amount, frequency, duration of treatment + name of therapist(s) who will provide treatment + restorative nursing follow-thru (recommendations for plan of care)	- Are rehabilitation services integrated with restorative nursing? - Do therapists participate in development of resident plan of care? - Do observations and interventions indicate that services are provided in conjunction with 24 hour nursing, and in accordance with the overall plan of care regarding restorative nursing and specialized rehabilitation services?	Nursing Services 405.1124 442.338 442.319 442.341 Physician Services 405.1123 442.346 Medical Records 405.1132 442.318 Activities Program 405.1131 442.345 Resident Rights 405.1121(k) 442.311 Training 405.1121(h) 442.311 Infection Control 405.1135 442.315 442.327 442.328
A. PLAN OF CARE ICF442.343(e)(1)(2) F217 Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service. B. THERAPY F218 ICF442.343(a)(c)(d) Therapy is provided according to orders of the attending physician in accordance with accepted					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F218 (cont'd) professional practices by qualified therapists or assistants. C. PROGRESS ICF 442.343(f)	<ul style="list-style-type: none"> - Are assistive devices being provided as needed? - Do assistive devices fit well, function and are used properly (e.g., wheelchairs, crutches, braces, glasses, hearing aids, canes, artificial limbs devices)? - Is staff responsive to resident expressions of discomfort? prescribed treatment and training the needs of the resident? - Are parallel bars sturdy and well secured to floor? Are systems designed for weight lifting sturdy and well secured; if attached to wall with rigging and hand grips in good conditions? - Are nonverbal residents provided with means of communication (e.g., writing tablets and utensils, picture cards)? - Are visually impaired residents provided with 	<ul style="list-style-type: none"> - "aides" interviewing the registered physical therapist? - How do you assure carry-over of therapeutics in your absence? - How often do you provide inservice to staff? - What topics are covered? - Do you have opportunities to attend inservices? - How do you communicate patient progress/regression, etc. with physician, nursing personnel, family, other disciplines? - How often are residents currently receiving P.T., O.T., Speech-language pathology and audiology therapy (SLP/AT)? - Do you utilize the services of a certified occupational/therapy assistant (if interviewing the registered occupational therapist)? - If so, in what way? - Is space available for the conduction of your therapy? - Is equipment readily available to meet resident needs? - Is there a coordinated interdisciplinary 	<ul style="list-style-type: none"> + identifies modalities that will be delegated to non-skill staff - Progress notes indicate that plan of rehabilitation care has been re-evaluated by the physician and therapist as necessary but at least every 30 days. - Communication with physician: + 2 week progress after initiation + monthly progress + discharge summary - Treatment documentation: + frequency + summary 		Physical Environment 405.1134 442.324 442.325 442.326 442.328 442.329 442.330 Dietetic Services 405.1125(e) 442.329 442.331(c)
F219 1. A report of the resident's progress is submitted to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. EXCEPTION: ICF resident's progress must be reviewed regularly.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>magnifiers and large print books?</p> <p>- Is equipment such as whirlpool cleaned between patients?</p>	<p>approach toward rehabilitation of the geriatric resident evident in your facility? In what way do you see this?</p>				
<p>F220</p> <p>2. The resident's progress is thereafter reviewed regularly and the plan of rehabilitative care is re-evaluated as necessary, But at least every 30 days by the physician and therapist.</p>					
<p>EXCEPTION</p> <p>TCF resident's plan must be revised as necessary</p> <p>INTENT</p> <p>Therapy services are provided that will assist the resident to attain his/her optimal level of function.</p>					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Pharmaceutical Services	<ul style="list-style-type: none"> Observe residents for excess sedation or adverse effects: <ul style="list-style-type: none"> stumbling shuffling gait involuntary movements of limbs, tongue, facial muscles loss of affect drowsiness postural abnormalities pill rolling movement Observe for depression agitation 	<p>Ask Resident:</p> <ul style="list-style-type: none"> Are you aware of the medications you are taking? use frequency, contraindications? Has your physician discussed the medications you are taking, with you? How many medications are you taking? How do you feel the medication helps you? How do medications bother you? (e.g., make you feel nauseated or dizzy) Have you told anyone about this? <p>Ask Staff:</p> <ul style="list-style-type: none"> How often does the pharmacist review the resident's medications? To whom does he report any irregularities? When the pharmacist reports irregularities, what is done about it? To whom do you report any problems about medication? Do you feel the residents are receiving the proper medications, amount and kind? Is the pharmacist available to you for consultation? 	<p>Review medical record:</p> <ul style="list-style-type: none"> to see if pharmacist or nurse has reviewed a drug regimen on a monthly basis. for evidence that the reviewer has reported irregularities to the physician or other who has authority to correct the irregularities for evidence that the irregularities have been evaluated. review nurses notes, progress notes, care plan, etc. for any adverse reaction to medication and indication that corrective action was taken. screen the drug therapy of the residents included in the sample using the indicators (forms if prepared) outlined in SOM Appendix N Transmittal #174. review pharmacists drug regimen monthly reports to determine if pharmacist has commented on potential irregularities, screened out through this process (need full year). 	<p>Reviews were performed in the facility. There was evidence of a review performed on every resident whose record was reviewed in depth. In records reviewed, the average prescription utilization was not substantially over 6.1. If it is, review for appropriateness. Apparent irregularities were identified and reported.</p> <p>* Refer to SOM Appendix N in 174 for further information on drug regimen review.</p>	<p>Physicians Services 405.1123(b) 442.346</p> <p>Nursing Services 405.1124 442.338</p>
<p>F221 SNF 405.1127</p> <p>F222 A. Supervision</p> <p>F223 ICF 442.336(a)(b)</p> <p>F224 SNF 405.1127(a)</p> <p>The pharmacist reviews the drug regimen of each resident at least monthly & reports any irregularities to the medical director and administrator.</p> <p>A registered nurse may be utilized to perform this monthly review for ICF residents. Also the attending or staff physician must review medication quarterly.</p>					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F224 (cont'd)		- Where does the pharmacist perform his drug regimen review?			
B. Labeling of Drugs and Biologicals	Observe labels of medications for residents observed on drug pass four for:				
F225	- name of drug				
SNF 405.1127(c)	- quantity of drug				
F226	- expiration date				
ICF 442.333	- presence of a control				
F227	- appropriate accessory or cautionary statement				
	The labeling of drugs and biologicals is based on currently accepted professional practice and includes the appropriate accessory and cautionary instructions as well as an expiration date when applicable.				
	INTENT				
	To assure that residents receive medications as ordered and that they are monitored for possible side effects.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Laboratory and Radiological Services F228 SNF 405.1128	Observe symptoms of targeted residents, e.g., drainage, odors, jaundice, fevers, edema, etc.	Ask Nursing/Rehabilitative Staff: - What do you do when you think a resident needs laboratory work done - blood work, cultures, etc.? - How long does it take to get lab results back? - What do you do with the results when they do come back? - Do you have any problems with your laboratory services? - How are lab specimens stored? - Do you have any instruction from the lab regarding collection and storage of specimens?	Review the physician's order sheet to see if: - orders for lab services are signed - that there are orders for tests that have been done. Nursing progress notes are reviewed for documentation of physician notification of lab results. Physician progress notes or other documentation indicating that the physician is aware of lab results. There are lab reports on the medical record for all tests ordered (except if just performed).	There must be signed physician orders for all lab/radiology services performed. Record results of all testing in the medical record. There is documentation in nursing or physician notes to indicate the results of lab tests were promptly communicated to the physician. When lab tests are performed the resident should be informed of significant findings and the possible therapeutic alternatives.	Nursing Services 405.1124(a)(b)(c) 442.343 Physician Services 405.1123(b)
F229 SNF 405.1128 (a) A. Provision of Services F230 1. All services are provided only on the orders of a physician. F231 2. The attending physician is notified promptly of findings.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F232</p> <p>3. Signed and dated reports of a clinical laboratory, x-ray and other diagnostic services are filled with the patient's medical record.</p> <p><u>INTENT</u></p> <p>To assure that lab tests are performed as ordered and findings are reported to physicians are made aware of symptoms that may require lab tests.</p>					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Social Services F233 SNF 405.1130 F234 SNF 405.1130(a) F235 ICF 442.344(d) A. Plan F236 The medically related social and emotional needs of the residents are identified. B. Provision of Services	Observe resident for: - level of alertness - behavior exhibited (disoriented, confused, uncooperative, disruptive, aggressive, anxious, withdrawn, isolated, lonely) - personal appearance - apparent disabilities - apparent vision and/or hearing problems they exhibit as you talk to them - interaction to staff, other residents, family, visitors - participation in group activities - independence in activities, decision making - Therapeutic staff intervention: constructive reaction to resident's behavior - resident's participation in policy making bodies - Did you participate in planning what care you will get and who will give it to you? - Do you make use of the dining, activity, community room, and/or outdoor area?	- How long have you been in the facility? - Can you explain to me why you are here? - Have you had any problem adjusting to the facility i.e., loss of independence? - Have you had any other problems? - Has staff been helpful, e.g., financial? - Do you have any family or any other visitors? - Do they have any problems with which this facility has not been helpful? - If exhibiting disruptive, depressed, agitated, anxious, etc. behavior- I noticed that you are upset (quiet, nervous, unhappy) today, Can you tell me what has bothered you? - Does staff respond to your suggestions about your care? - Did you participate in planning what care you will get and who will give it to you? - Do you make use of the dining, activity, community room, and/or outdoor area?	Review medical records of residents selected for in-depth review to determine that: - Assessment and plan of care identifies residents medically related social and emotional needs and/or problems. - Resident's family and home situation, information related to medical and nursing requirements, and community resources, are considered in making decisions regarding the residents care. - Medical records contain current specific information signed and dated which highlights the social and emotional needs of the resident and nursing care findings and actions are entered promptly in the medical record. - Social service notes address the following, if applicable: + losses due to aging + relationship with staff and other residents + mental status + behavior problems + adjustment to the facility + illness	The residents social and emotional needs are identified. The plan of care addresses those needs. The plan of care is being followed, reviewed and revised as necessary. The family's needs and concerns are addressed if applicable. There is referral to appropriate agencies if necessary. Sufficient space is provided for private meetings and discussions. While it is not a program requirement a social worker or other staff may contribute to the residents care plans by creating personal strengths that can be used to build upon.	Nursing Services SNF 405.1124 ICF 442.338 Activities SNF 405.1131 ICF 442.345(a)(c)(d) Physicians Services SNF 405.1123(b) ICF 442.346 Patient Care Management SNF 1124(d) ICF 442.346 Physical Environment SNF 405.1130(b) ICF 442.344(c)
F237 1. Services are provided to meet the social and emotional needs of the facility or by referral to an appropriate social agency.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F233-238 (cont'd)					
F238 2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.		<ul style="list-style-type: none"> - Can you tell me about your life here? What do you do in a usual day? - Are things like getting up, bathing, dressing, eating, done at the same time for everyone? - If you could change some things about living here, what would you change? <p>Ask Social Worker/Nurse</p> <ul style="list-style-type: none"> - When the social worker is readily available, delete "ask the nurse". - How often is the resident seen by a social worker?" - Who is responsible for identifying the resident's: <ul style="list-style-type: none"> + social and emotional needs + family and home situation + problems and needs + financial needs - How are needs identified and reported? - Does resident participate in the development of his/her care plan? - Ask nursing how often the social worker sees residents. - Does the social worker discuss residents' needs/problems with nursing staff if there is a need for nursing to be involved? 	<ul style="list-style-type: none"> - Plan of care, social service notes, reflect the current status of the resident. - There is evidence that the resident's mental status has been considered when plan of care was developed. - Vision and hearing problems have been addressed. - Plan of care addresses residents' needs as observed by the surveyor and stated by the resident. - Notes and plan indicate that needs have been re-evaluated and care plan changed as necessary. - There is evidence that the problems and needs of the family have been addressed. - There are indications that a referral has been made to the appropriate agency and a statement describing why. - There is documentation from the outside agency indicating what actions were taken and any plan for follow-up. 		

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F233-238 (cont'd)		<ul style="list-style-type: none"> - How is physician notified and involved in plan of care? - Ask social service staff their role, function, and what services they provide. - Ask staff what referral services are available. - If services are being provided by outside resource, are resources documented work service? - Ask social service staff about their background and education. - If there is a consultant ask staff: <ul style="list-style-type: none"> + How often does the person come? + How long do they stay? + What does the person do while at the facility? + What assistance, consultation is being provided? - Ask social service staff if adequate space is provided for them by the facility to conduct private interviews and meetings. 	<ul style="list-style-type: none"> - The time period between date of referral and date of services is reasonable and if not, there is evidence of follow-thru by staff. - The outside agency has documented their involvement and activities. - Plan of care demonstrates awareness of behavior, articulates the reasons for it, and indicates in the plan of care an approach to the behavior. - Assessment should contain: <ul style="list-style-type: none"> + a flexible approach to each resident (should be individualized) + awareness of a mental status evaluation. + resident history. + family availability for planning, resident support, etc. + identification of problems resulting from placement. + recent social adjustment. + discharge planning. - The record reflects 	<ul style="list-style-type: none"> - There is documentation of collaboration between nursing and social work for meeting emotional needs. 	Patient Care Management 405.1124(d)

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F233-238 (cont'd)			<p>Social Service intervention with family and resident, i.e., grief and bereavement</p> <ul style="list-style-type: none"> - Review integrated plan of care for resident + plan for concerted + social services + Plan for supportive services for adjustment. - Adjustment goals. - Interventions for specific conditions. 		
<p>Activities</p> <p>F239 SNF 405.1131</p> <p>F240 SNF 405.1131(b)</p> <p>F241 ICF 442.345</p> <p>F242 1. An ongoing program of meaningful activities is provided based on identified needs and</p>	<p>General level of activities throughout the facility, as well as in specifically designated areas.</p> <p>How many residents are lying on their beds or sitting in chairs staring at the walls during waking hours?</p> <p>What is the level of residents' interest in activities they are doing?</p> <p>Are residents positioned correctly for activity?</p>	<ul style="list-style-type: none"> - How does he/she spend the day? - Of the activities resident has during the week, what does he/she enjoy most/least? - If has none, why? - Has staff asked about his/her interests? - Suggested specific activities or people to get acquainted with in response to interests? - What organized activities has he/she participated in this past week? - How does resident find out about upcoming programs or happenings? 	<p>Activities Assessment</p> <p>Interests of the resident (past and present) are identified as to resident's current capabilities and necessary adaptations to pursue their interests.</p> <p>Documentation that information about social history, medical problems and limitations, if any, have been communicated to residents and used in assessment and development of activities portion of care plan.</p>	<p>Are each resident's personal interests known? If not, what actions are being taken to identify them? Residents in facility 60 days should not be without <u>some</u> identified interests.</p> <p>Are each resident's needs identified? If not, what actions are being taken to identify them?</p> <p>Have medical contraindications been identified in the care plans?</p> <p>Needs and contraindications of residents in the facility more than 30 days should be known and/or have a plan of action.</p>	<p>Nursing Services 405.1124 442.319</p> <p>Social Services 405.1130 442.344</p> <p>Special Rehabilitation Services 405.1126 442.363</p> <p>Physician Services 405.1123 442.329</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F242-(cont'd) interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.	Are needed personal equipment (e.g., splints, glasses) and adaptations for limitations and safety (e.g., cardholder, goggles, footrests) used in activities?	<ul style="list-style-type: none"> - Does resident get out of facility to activities? - Does resident have problems getting to activities? If so, does the staff assist? - Does the staff encourage residents to go to activities? - Does resident participate in Resident Council? - Does resident have free choice of activities? - What kind of activities do bedfast residents engage in? - Ask Resident: Have you ever had difficulty in having private visits? Give examples. 	<ul style="list-style-type: none"> - Needs of the resident in the following areas are identified: <ul style="list-style-type: none"> + social interaction + creative expression + work and service opportunities + intellectual stimulation or activities + adaptation + physical exercise + spiritual or religious expression - Plan of care - Used all available information about: <ul style="list-style-type: none"> + interests + needs + indications and contraindications for activities from other assessments + physician orders and progress notes 	Does each resident's activities promote his physical, social and mental well-being?	<u>Physical Environment</u> 405.1124 442.329 <u>Infection Control</u> 405.1135 442.328 <u>Resident Rights</u> 405.1121(k) 405.311 <u>Medical Records</u> 405.1132 405.318 <u>Patient Care Management</u> 405.1124(d) 442.341
F243 2. Unless contraindicated by the attending physician, all residents are encouraged to participate in activities.					
F244 3. The activities promote the physical, social and mental well-being of the residents.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F245 4. Equipment is maintained in good working order.	Is lighting adequate throughout the facility for activities in which residents are engaged?	Ask Nursing/Activity Staff - Do they know the interests of residents under their care? IV programs they like? Activities they want to participate in today/this week? - Do they know the personal equipment needed (e.g., glasses, hearing aids, reader)? - Do they know the adaptive equipment used by residents for specific activities (e.g., talking books, built up tools)? - Do they talk to residents to identify new interests and report these and "dislikes" to activities personnel? - How? - What is staff's involvement with individual and group activities of residents in their care? - How do they determine interests of residents who have difficulty communicating? - What activities does resident participate in regularly? Which activities does he/she enjoy most/least?	Activities notes spell out implementation of plan, resident's reactions to specific activities, approaches, and people. Residents' participation in individual and group structured and unstructured activities timespent. Evaluation of plan of care for: changes in interests; changes in needs; new problems, approaches, etc. Plans are revised as needed.	Are equipment and supplies to meet residents' interests available and maintained in good working order? Are residents evaluated periodically with respect to their participation levels and desire for new activities? Are plans readjusted if they do not reach desired outcomes? Residents in the facility more than 60 days should have at least two activities per week of interest to them personally.	
F246 5. Supplies and equipment for activities of interest are available.	Do men and women have activities of interest to them? Do residents communicate with each other in activities?				
INTENT Each resident has individual and/or group activities to meet activities needs through his interests daily.	Are methods of communicating upcoming activities appropriate to the resident populations? Specific observation for physically impaired/alert residents: Activities adapted to meet specific needs of the resident. Alert residents have activities of interest and at their cognitive functional level. Specific observations for confused/delirious, emotionally disturbed and mentally retarded residents: There are current calendars, clocks and patients				

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
f246 (cont'd)	<p>and patients names or symbols visible to all the residents..</p> <p>Staff consistently use techniques such as reality orientation, empathy, and/or validation therapy as per each individual's needs.</p> <p>Resident has familiar items if available in room (e.g., family pictures, artwork, afghan, chair from home).</p> <p>Residents in restraints have activities of interest geared to their abilities when restrained (e.g., table-top activity, music, radio, reading and writing materials; when out of restraints (e.g., walks, exercise, group, toileting).</p> <p>Small group and one-on-one involvement with staff reinforcing appropriate responses.</p> <p>Staff reaction to resident behavior during activities (e.g., crying, whining, demanding, non-verbal, aggression,</p>	<ul style="list-style-type: none"> - If he/she does not participate, why? - Which activities appear to relax/calm the resident? Excite him/her? - How does staff manage maladaptive behavior (e.g., abusive, disruptive, combative)? - Is direct care staff involved in resident activities? How? - When (weekends, evenings)? - Does resident have one-to-one assistance in activities? - How many residents have activities a day of interest to them as individuals? - Why do these residents have so little interest? - What is your plan to find more activities of interest to them that will meet their needs? - What types of residents seem not to be interested in activities? - How many (who) residents have only passive activities? 			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F 246 (cont'd.)	<p>Tardness).</p> <p><u>Specific observation for comatose or terminally ill resident:</u></p> <ul style="list-style-type: none"> - Appropriate items for sensory enrichment in room (e.g., TV, radio, adequate lighting) - Resident placed in supportive living environment (e.g., around people, in hall, activities room, sunshine, fresh air), when appropriate to the resident needs and consistent with the resident's choice. <p><u>Specific observation of environment for conducting activity program:</u></p> <ul style="list-style-type: none"> - Adequate lighting. - Functional area is appropriate for activities of interest (e.g., religious services, arts and crafts, cooking, reading, watching, card playing, parties, discussion groups, gardening). 	<ul style="list-style-type: none"> - How do you adapt activities for needs of residents who are: <ul style="list-style-type: none"> - confused/disoriented - emotionally disturbed - mentally retarded - physically impaired but alert - terminally ill? - Are community volunteers utilized in the activities program? In what way? - Are the residents encouraged to offer suggestions for new activities? If so, what activities have been instituted as a result? - How they manage maladaptive behavior (e.g., abusive, disruptive, combative)? - How do they help depressed residents (e.g., tearful, emotionally labile)? 		<p>Resident may refuse to participate in activity. However if the activities are part of a diagnostic or therapeutic program, the resident is responsible for assisting in the selection of mutually acceptable alternative activities.</p>	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F246 (cont'd)	<ul style="list-style-type: none">- Multi-purpose room use and timing of activities does not conflict.- Outdoor activity area.- Functional furniture, indoors and outdoors.- Evidence of free choice activities:<ul style="list-style-type: none">- newspapers- magazines- record player- radios- games- TV's- reading- sewing- personal visits- church services- Activities, equipment and supplies are appropriate and sufficient to meet interest of residents.- Activities equipment and supplies sufficient for conducting activities.- Activities equipment Clean, safe, and in working order.- Resident rooms contain independent project materials, as appropriate.- Residents have access to the total activity environment (e.g., lobby, sunroom, day-room, porch, dining room).				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
MEDICAL RECORDS					
F247 SNF 405.1132				All information required is present in the record. Does the record document all observable resident needs/problems?	
Content					
F248 SNF 405.1132(c)					
F249 ICF 442.318(a)(c)					
F250 1. The medical record contains sufficient information to identify the resident clearly to justify diagnosis and treatment and to document results accurately.					
F251 2. The medical record contains the following information.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F251 (cont'd) a. Identification information.					
F252 b. Admission data including past medical social history.					
F253 c. Transfer form, discharge summary from any transferring facility.					
F254 d. Report of resident's attending physician.					
F255 e. Report of physical examinations.					

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F256 f. Reports of physicians' periodic evaluations and progress notes.					
F257 g. Diagnostic reports and therapeutic orders.					
F258 h. Reports of treatments.					
F259 i. Medications administered.					
F260 j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.					

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F261 k. Assessments and goals of each service's plan of care.					
F262 l. Treatments and services rendered.					
F263 m. Progress notes.					
F264 n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F264 (cont'd) INTEENT Brings together all resident information. Reflects the care being given to the residents and helps all care givers to make decisions on care needed.					
TRANSFER AGREEMENT F265 SNF 405.1133		Ask Staff: - What is the routine information you provide to a new facility when you transfer a resident? - Who provides this?	Review information on medical record of resident who was temporarily transferred and is again back in the facility. Look at physician and nursing progress notes of above resident to determine if the timeliness of transfer was consistent with accepted standards of care.	All pertinent resident information must be documented on the medical record at the time of transfer. The resident was not injured in any way by a delay in the transfer process.	<u>Patient Rights</u> 404.1121(k) 442.311
F266 SNF 405.1133(a)					
F267 ICF 442.316					
F268 A. Whenever the physician determines that a transfer is medically appropriate between a			Does facility have an agreement with a hospital? Not required if hospital under same ownership, direction and in same campus.		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F 268 (cont'd) hospital or a facility providing more specialized care and the receiving facility, admission to the new facility shall be effected in a timely manner.			Is transfer form complete with all data, with appropriate signatures? Does the medical record indicate that adequate and pertinent aspects of the discharge planning portion of the patient care plan accompany the patient on transfer?		
F269 B. Information necessary for providing care and treatment to transferred individuals is provided.					
PHYSICAL ENVIRONMENT F270 SNF 405.1134					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F271 A. Nursing Unit SNF 405.1134(d)					Nursing Service 405.1124(g) 442.337
F272 1. Unit properly equipped for preparation and storage of drugs and biologicals.	There is adequate light to prepare medications. There is sufficient space to prepare medications for administration in a safe and effective manner.	Ask Nursing Staff: - What do you use the medication room (area) for? - Where is the handwashing sink? - Do you have enough, convenient storage area for I.V. fluids and medications needing refrigeration. - Where are the keys for the medication room and unit dose carts? - Do you feel you have adequate storage space for supplies and equipment? - If no, what problems does that cause? - Does the resident call system function properly?		Medication preparation and storage areas provide adequate space and light to prepare medication and to store medication and needed supplies. Light is available when and where the medication cart is in use. A medication refrigerator is available and does not contain patient or employee snacks. Juice, etc., used in administering medication is allowed. Clean and dirty areas must be separated, preferably in separate rooms. Storage space must be available for bulky items and supplies so that they can be stored without blocking corridors and exits.	Infection Control 405.1135 Governing Body 442.325 Resident Rooms 405.1134(e) 442.325
F273 2. Utility and storage rooms are adequate size.	There is sufficient space for storage of medications. Unit dose carts are protected from tampering and theft. Medications are stored in a locked area. Refrigeration facilities are available for medications.				
F274 3. The unit is equipped to register resident calls with a functioning communications system from resident areas including rooms and toilets and bathing facility.	There is sufficient storage space for I.V. fluids. Handwashing facilities are readily accessible either in the medication preparation area or adjacent to it.	Ask Residents: - Do the call bells in your room and in the toilets and bathing areas always work?		Medications are protected from unauthorized use. Call bells must be in working order and must be present in all resident bedrooms, toilets and	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F274 (cont'd)	Audible call system is on and working. Long cords are available for chair bound patients.	<ul style="list-style-type: none"> - If no: <ul style="list-style-type: none"> - How often is it that they do not work? - How long does it take to get them fixed? 		bathing areas. Audible signals, if in the system, must be in working order and turned on.	
8. Dining and activities area F275 SNF 405.1134(g) F276 ICF 442.329	Area is clean and well maintained. There is sufficient space between tables to allow for safe passage of wheelchairs and residents with walkers, canes and other assistive devices.	Ask Residents: <ul style="list-style-type: none"> - Is there enough room between tables to allow you to feel safe in getting to your table? - Can you sit comfortably in your wheelchair at the table? - How is the lighting and ventilation level for you? - Are sitting preferences permitted? - Do you go to the dining room for meals? 		Regulations clearly set out conditions for compliance. Refer to the regulations.	Dietetic Services 405.1125 442.331 Patient Activities 405.1131 442.345
F277	1. The facility provides one or more clean, orderly, and appropriately furnished rooms or designated dining areas for resident dining and activities.	Table height or design allows residents in wheelchairs to sit a normal distance from the table. Lighting and ventilation in the dining/activity areas is provided according to recommended standards. A multi-purpose room should not be used for storage of items such as beds, mattresses, boxes, etc.			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F278 Dining and activity rooms are well lighted and ventilated.	Are dining areas utilized at meal service?				
F279 3. Any multi-purpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.					
F280 SNF 405.1134(e) Indicators C&O apply to SNFs					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
C. Resident Rooms F281 ICF 442.325	Observe rooms and furnishings for maintenance, cleanliness and safety. Look for dust/dirt on lights, high surfaces, under heating units, and in corners. Use a flashlight.	Ask Residents: - Is your room kept clean? - Who cleans it? When, and how often? - Is your bed, chair, and other furniture and fixtures kept in good repair? - Do you feel you have enough privacy? - What personal belongings are you allowed to have? - Is the lighting in your room sufficient for you? - Is your chair comfortable? - When do you permit staff to clean your room? - When do you ask staff <u>not</u> to clean your room?		Refer to the regulations.	Resident Rights 405.1121(k)(1)(5) (9)(13) 442.311(a)(d)(2) (g)(1)(2) (6)(k) Physical Environment 405.1134(d)(e) 442.326
F282 1. Single rooms have at least 100 sq. ft.	Are beds, lights, plumbing all in working order?				
F283 2. Multiple resident rooms have no more than 4 residents and at least 80 sq. feet per resident.	Observe for all regulatory requirements as noted to the left. Are privacy curtains present, and appropriate to maintain resident privacy? Test several call lights.				
F284 3. Each room is equipped with emergency or conveniently located near toilet and bathing facilities.	Are call lights within reach, including emergency lights in toilets and bathing areas? Are toilet and bathing facilities appropriate in number, size, and design to meet resident needs? What personal belongings do residents have in their rooms? Is there				

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F285 4. There is a capability of maintaining privacy in each.	sufficient storage and security for their belongings?				
F286 5. There is adequate storage space for each resident.					
F287 6. There is a comfortable and functioning bed and chair, plus a functional cabinet and light.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F288 7. The resident call system functions in resident rooms.					
F289 8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of residents.					
F290 9. Each room is at or above grade level.					
F291 10. Each room has direct access to a corridor and outside exposure. Exception: Not required for ICF residents.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>0. Toilet and bath facilities</p> <p>F292 ICF 442.326</p> <p>F293</p> <p>1. Facilities are clean, sanitary and free of odors.</p>	<p>Are there adequate numbers of toilets, baths, and showers for the residents that are accessible to, and functional for all residents?</p> <p>Are these conveniently located in or near resident rooms?</p> <p>Check for water on floors of bath and shower rooms.</p> <p>Is privacy provided?</p> <p>Are facilities clean, sanitary and free of unpleasant odors?</p>	<p>Ask Residents:</p> <ul style="list-style-type: none"> - When was your last bath? The one before? - What safety precautions are used for getting in and out of the bathtub? - What equipment is needed to get in and out of the tub, and how do you feel about it? - How do you get your wheelchair into the toilet or bathroom? - When, if ever, do you refuse to be bathed? 	<p>Bathing schedule for patients in your indepth review.</p>	<p>Privacy is maintained for residents in toilet and bathing areas.</p> <p>Toilet and bathing areas are clean. Water is removed from floors immediately upon completion of bathing.</p> <p>Hot water is within the acceptable temperature range.</p> <p>Soap, toilet paper and towels are available in the bathrooms.</p> <p>Grab bars are present and securely fastened to the wall.</p> <p>Ventilation and lighting systems are correctly functioning.</p> <p>Plumbing and other fixtures are in good condition.</p>	
<p>F294</p> <p>2. Facilities have safe and comfortable hot water temperatures.</p>					
<p>F295</p> <p>3. Facilities maintain privacy.</p>	<p>Are bathrooms equipped with soap, toilet tissue, towels, etc.? Hot water is between 110-120 degrees or the acceptable State level. Hot water temperature control must be maintained. Single use, disposable towels should be available for handwashing purposes.</p> <p>Note also condition of grab bars, plumbing and fixtures.</p> <p>Bath areas are not used for storage.</p>				
<p>F296</p> <p>4. Facilities have grab bars and other safe guards against slipping.</p>					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F297 5. Facilities have fixtures in good condition.					
F298 6. The resident call system functions in toilet and bath facilities.					
E. Social Service Area	Does the social worker have a locked file available? Where are social service interviews and clerical functions performed? Are rooms in areas easily accessible to residents?	Ask Resident: - Does the social worker see you in a private room or in your own room? - If in your own room, do you feel that you have enough privacy?	Facility has appropriate arrangements for providing social services, either: - outside resources (contract or consultant services) - qualified facility personnel under a clearly defined plan.	Refer to regulations.	
F299 SNF 405.1130(b) ICF 442.344					
F300 1. Ensures privacy for social service interviewing.					
F301 2. Adequate space for clerical and interviewing functions is provided.					
F302 3. Facilities are easily accessible to residents and staff.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F. Therapy areas					
F303 SNF 405.1126(a)	Therapy areas are accessible to all residents needing the facilities. Space allows for safe maneuvering of residents and equipment and staff.	Ask Resident: - Do you feel that the equipment you use is safe? - Do you have enough room for your treatment? Ask Therapy Staff: - Is your equipment adequately maintained? - Do you have enough room to safely and adequately provide treatment?	Refer to regulations.		
F304 ICF 442.328(a)	All residents are able to be observed and supervised during therapy.				
F305 1. Space is adequate for proper use of equipment by all residents receiving treatment	Equipment has labels (stickers, etc.) to indicate proper maintenance. All equipment fastened to floor and walls is secure.				
G. Facilities for Special Care					
F307 SNF 405.1134(f)	Are therapy areas properly ventilated to effectively reduce heat, moisture and odors? Are private rooms available that meet regulatory criteria.	Ask Supervisory Personnel: - What room(s) do you use for isolation? - What is your procedure if the room is already occupied when you need it for isolation? - Will you show me the signs you use to identify the isolation room?		Rooms meeting the regulatory requirements are available in the facility. There is a procedure that is implemented when an isolation is needed, but it is already occupied. Isolation signs are visible and clearly convey their intended message.	Resident Rights 405.1121(k)(4) 442.311(c)(2) Infection Control 405.1135(b)
F308 ICF 442.328(b)	If a resident is infected and in isolation, are precautionary signs posted, and are they legible and understandable?				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F309 1. Single rooms with private toilet and handwashing facilities are available for isolating residents.					
F310 2. Precautionary signs are used to identify these rooms when in use.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
H. Common Resident Areas F311 SNF 405.1134(j)	Use senses — sight, hearing, olfactory when surveying common areas as lobbies, lobby, corridors, etc. Note levels of lighting for both reading and non-reading areas. Is it bright enough but without glare? Are areas clean and without offensive odors? Do background sound levels allow for ease of communication and comfort for residents/visitors? Do residents seem comfortable with the room temperature — note the use of several layers of clothing, many residents fanning themselves, etc. Are handrails on each side of the corridor and are they secure? Are smoking/no smoking areas designated?	Ask Residents: — Do you think that the lobbies and corridors are usually clean? — Do they have any unpleasant odors? — Is the lighting level comfortable for you to read? Is it adequate for you to feel safe walking? — Do you have any difficulty with the noise level? — Is the temperature usually comfortable for you? — Do you feel there is adequate ventilation? — Are there handrails in all of the corridors? — Are they securely fastened to the wall? Ask Supervisory Staff: — If there is a water main break or other water rupture in the water supply how do you obtain water for essential areas and duties?		<ul style="list-style-type: none"> - Floors and furniture should appear clean — free of gross contamination. - Residents should have lighting bright enough to safely negotiate corridors, lounges, etc., and in reading area, be bright enough to read. But the brightness should be free of glare. Remember, the elderly need a higher level of lighting as their sight diminishes. - Except for times when a louder level of sound is necessary for communication, sounds should be unobtrusive and "comfortable". - Room temperature comfort levels vary widely and the elderly will require a higher temperature for comfort than younger people. Use information from resident interviews and your observations to determine if the temperature is "comfortable" for most residents. - All corridors in 	Infection Control 405.1135(c)
F312 ICF 442.324					
F313 1. All common resident areas are clean, sanitary and free of odors.					
F314 2. Provision is made for adequate and comfortable lighting levels in all areas.					
F315 3. There is limitation of sounds at comfort levels.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
F316 4. A comfortable room temperature is maintained.				resident-used areas are equipped with handrails on each side. These rails securely fastened provide the residents with a firm support. - Supervisory staff are able to tell you how they will obtain water for drinking, cleaning, bathing of residents, and other essential functions if their normal water supply is interrupted.
F317 5. There is adequate ventilation thru windows or mechanical measures or a combination of both.				
F318 6. Corridors are equipped with firmly secured hand-rails on each side.				
F319 7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				Disaster Preparedness 405-1136 442-313

LONG TERM CARE SURVEY				
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
I. Maintenance of Building and Equipment F320 SNF 405.1134(i)	<ul style="list-style-type: none"> - Ceiling and floor tile in good condition. - Paint in good repair - No holes in walls - Look for rat and other rodent trails outside and inside - Preventive maintenance program for all equipment is followed - Wheelchairs not stored in hallways, bathrooms, etc. - Window screens are in good repair - Check overbed tables, wheelchairs, etc., for cleanliness and operation 	<p>Ask Staff:</p> <ul style="list-style-type: none"> - How many housekeeping staff are available? - How late are housekeepers on duty during the week? - How is weekend coverage different? <p>Ask Resident:</p> <ul style="list-style-type: none"> - What if any problems have you had with special equipment you need to use? 		
F321 1. The interior and exterior of the building are cleaning are clean and orderly.				
F322 2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323 3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
				Physical Environment 405.1134(d)

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F324 4. Resident care equipment is clean and maintained in safe operating condition.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Indicator J applies to ICfs. J. Dietetic Service Area F326 SNF 405.1134(h)	Observe for - needed space to carry out routine operations - maintenance of working surfaces equipment, utensils, and serving dishes - operable dish washer - machine method of pot/dish washing properly carried out/or written procedure posted - operable and clean exhaust fan - stored dishes and pots are free of baked-on food particles and chipped/cracked surfaces - food stored off floor - protective covers for fluorescent lights - handwashing sink readily accessible	Ask Staff: - What have you been trained to do? - What type of dishwasher machine do you have? How does it operate?	The proper temperature for the dishwasher wash cycle is 150-160 degrees Fahrenheit. The dishwasher rinse cycle is acceptable at temperature of 180 degrees Fahrenheit or when there is a change in the temperature-sensitive tape (thermolabel). The individual manufacturers' specifications may countermand these instructions, particularly in the case of chemical sanitation.		Dietetic Services 405.1125(g) 442.331(b)
F327. Kitchen and dietetic service areas are adequate to insure timely service for all patients.					
F328. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Indicator K applies to ICF K. Dietary Staff Hygiene	Observe the following: - cleanliness of hands, fingernails, hair, clothing - use of hair restraint - whether employees wash hands with soap and water after using the toilet, smoking, blow- ing their nose, touch- ing raw meat, poultry or eggs - employees using hands to mix food when uten- sils could be used - employees using the same spoon more than once for tasting food while preparing, cook- ing, or serving.	Ask Staff: - What happens when you report to work with a cold, a cut or sore on your hand? - Where is handwashing sink for dietary staff? - Do you use disposable plastic hand covers? If so, when? - Where are your serving utensils located? - What are temperatures for the refrigerators and freezers? Who is responsible for checking temperatures? - Do you have thermometers to check water and food temperatures? (ask them to demonstrate how they take temperatures)			Dietetic Services 405.1125(e)(f)(g)
F329 SNF 405.1125(f)					
F330 1. Dietetic ser- vice person- nel practice hygienic food handling techniques.					
Indicator L applies to ICF L. Dietary Sanitary Conditions					
F331 SNF 405.1125(g)	Verify that: - hot foods are 140 degrees or above - cold foods are 45 degrees or lower (note: food held for more than 2-3 hours between 60 and 125 degrees may not be safe to eat) - cooked meats held longer than 72 hours are used, discarded or put in the freezer				
F332 1. Food is stored, refrigerated, prepared, distributed, and served under sani- tary condi- tions.					
F333 2. Waste is disposed of properly.					

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F333 (cont'd)	<ul style="list-style-type: none"> - check that the refrigerators are equipped with an accurate thermometer - food does not have an "off" or bad odor - cracked eggs are discarded - foods are dated and then stored as to their preparation date. <p>Observe that waste is in covered containers, bagged and tied for disposal, and that dumpsters are covered.</p>				

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
L. Emergency Power F334 SNF 405.1134(b)	Is an emergency generator available? Test generator under full load conditions.			As per regulations and covered by the Life Safety Code surveyor	
F335 1. An emergency source of electrical power necessary to protect the health and safety of residents is available.	Check items of emergency power: - lighting - fire detection - alarms - extinguishing systems - life support systems Transfer time from normal power to emergency power to occur within 10 seconds.				
F336 2. Emergency power is adequate at least for lighting in all means of egress; not to maintain fire detection, alarm, and extinguishing systems; and life support systems.	Check for grounded extension cords at nurses stations. Where are emergency outlets?				

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F337 3. Emergency power is provided by an emergency generator located on the premises where life support systems are used.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Infection Control F338 SNF 405.1135	<ul style="list-style-type: none"> - Observation of dressing technique to identify if infection control principles are being adhered to: - sterile technique - sterile/clean field - disposal of dressing - handwashing - use of gloves 	Ask Staff: <ul style="list-style-type: none"> - What type of dressing changes are you performing? - How often are dressings changed? - Why is resident on isolation/precautions? - Do laundry/housekeeping personnel/aides know procedures? 	Review records of residents selected for independent review for infection.	Compliance will be based mainly on your observations. Deficiencies will be cited if you see: <ul style="list-style-type: none"> - breaks in aseptic or isolation technique - clutter or unclean conditions that would cause unsafe conditions - inadequate supplies of linen to provide proper care and comfort for residents - inadequate techniques for handling clean and dirty linen - evidence of insect or rodent infestation - use of flash light to check for roaches in closets, cabinets. 	Nursing Services 405.1124 442.338
A. Infection Control F339 SNF 405.1135(b)	<ul style="list-style-type: none"> - Observation of isolation precautions: - signs - linen, double bagged - soiled linen, double bagged - gowns/masks - gloves - handwashing - disposable dishes - information for visitors 	Ask Resident: <ul style="list-style-type: none"> - Do you know why you have dressings? - Do you know why you are on isolation/precautions? - Do you have clean linen when you need it? 			
B. Sanitation F341 SNF 405.1135(c)	<ul style="list-style-type: none"> - Procedures followed by: - Laundry - Housekeeping How is dirty linen transported to laundry or holding area?				
F342 The facility maintains a safe, clean, and orderly interior.					
C. Linen F343 SNF 405.1135(d)	Do aides wash hands after cleaning dirty linen? How do aides handle clean/dirty linen while changing beds?				

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F344 ICF 442.327					
F345 1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.					
F346 2. Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of infection.					
D. Pest Control F347 SNF 405.1135(e)	Look for evidence of insect or rodent presence (mouse or rat droppings, roaches, ants, flies around trash). - Screen doors closed - Windows that can be opened have screens that are in good repair	Ask Staff: - Have you seen insects (roaches, ants, flies, etc.)? - Have you seen rodents and/or droppings? - What foods are residents permitted to keep in their rooms?			
F348 ICF 442.315(c)					
F349 The facility is maintained free from insects and rodents.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
DISASTER PREPAREDNESS F350 SNF 405.1136 F351 SNF 405.1136(a) F352 ICF 442.313	<ul style="list-style-type: none"> - Disaster plan is located at each nursing station. - Evacuation plans posted in each smoke compartment. 	Ask Residents: <ul style="list-style-type: none"> - Do you know what to do in case of fire? - How often do you rehearse it? Ask Staff: <ul style="list-style-type: none"> - What are your responsibilities at a fire drill? - What is the facilities disaster plan? (Specify types, [(e.g., fire, flood, etc.)]) - How you undergone disaster training? - Have you participated in a fire disaster drill? When? - How frequently are drills held? - Have you been trained/instructed in the use of fire equipment, fire containment methods? - Have you been trained in transfer or casualties and routes? - How would staff meet emotional needs of residents during/following a "disaster", e.g., fire 		A disaster plan is available and facility staff know their roles.	<u>Physical Environment</u> 405.1134(a)(b) 442.321
Indicators A and B apply to ICFs. A. Disaster Plan F353 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.					
F354 2. Facility staff are knowledgeable about evacuation routes.					

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F355 3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.					
F356 4. Facility staff are aware of methods of containing fire.					
B. Drills F357 SNF 405.1136(b)					
F358 1. All employees are trained as part of their employment orientation in all aspects of preparedness for any disaster.					

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F359 Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.</p> <p>INIENT</p> <p>To ensure a clean, safe environment for residents.</p>					

Subpart D—Reconsideration of Adverse Determinations—Deeming Authority for Accreditation Organizations and CLIA Exemption of Laboratories Under State Programs

SOURCE: 57 FR 34012, July 31, 1992, unless otherwise noted.

§ 488.201 Reconsideration.

(a) *Right to reconsideration.* (1) A national accreditation organization dissatisfied with a determination that its accreditation requirements do not provide (or do not continue to provide) reasonable assurance that the entities accredited by the accreditation organization meet the applicable long-term care requirements, conditions for coverage, conditions of certification, conditions of participation, or CLIA condition level requirements is entitled to a reconsideration as provided in this subpart.

(2) A State dissatisfied with a determination that the requirements it imposes on laboratories in that State and under the laws of that State do not provide (or do not continue to provide) reasonable assurance that laboratories licensed or approved by the State meet applicable CLIA requirements is entitled to a reconsideration as provided in this subpart.

(b) *Eligibility for reconsideration.* HCFA will reconsider any determination to deny, remove or not renew the approval of deeming authority to private accreditation organizations, or any determination to deny, remove or not renew the approval of a State laboratory program for the purpose of exempting the State's laboratories from CLIA requirements, if the accreditation organization or State files a written request for a reconsideration in accordance with paragraphs (c) and (d) of this section.

(c) *Manner and timing of request for reconsideration.* (1) A national accreditation organization or a State laboratory program described in paragraph (b), dissatisfied with a determination with respect to its deeming authority, or, in the case of a State, a determination with respect to the exemption of the laboratories in the State from CLIA re-

quirements, may request a reconsideration of the determination by filing a request with HCFA either directly by its authorized officials or through its legal representative. The request must be filed within 60 days of the receipt of notice of an adverse determination or nonrenewal as provided in subpart A of part 488 or subpart E of part 493, as applicable.

(2) Reconsideration procedures are available after the effective date of the decision to deny, remove, or not renew the approval of an accreditation organization or State laboratory program.

(d) *Content of request.* The request for reconsideration must specify the findings or issues with which the accreditation organization or State disagrees and the reasons for the disagreement.

[57 FR 34012, July 31, 1992, as amended at 58 FR 61843, Nov. 23, 1993]

§ 488.203 Withdrawal of request for reconsideration.

A requestor may withdraw its request for reconsideration at any time before the issuance of a reconsideration determination.

§ 488.205 Right to informal hearing.

In response to a request for reconsideration, HCFA will provide the accreditation organization or the State laboratory program the opportunity for an informal hearing as described in § 488.207 that will—

(a) Be conducted by a hearing officer appointed by the Administrator of HCFA; and

(b) Provide the accreditation organization or State laboratory program the opportunity to present, in writing or in person, evidence or documentation to refute the determination to deny approval, or to withdraw or not renew deeming authority or the exemption of a State's laboratories from CLIA requirements.

§ 488.207 Informal hearing procedures.

(a) HCFA will provide written notice of the time and place of the informal hearing at least 10 days before the scheduled date.

(b) The informal reconsideration hearing will be conducted in accordance with the following procedures—

(1) The hearing is open to HCFA and the organization requesting the reconsideration, including—

- (i) Authorized representatives;
- (ii) Technical advisors (individuals with knowledge of the facts of the case or presenting interpretation of the facts); and
- (iii) Legal counsel;

(2) The hearing is conducted by the hearing officer who receives testimony and documents related to the proposed action;

(3) Testimony and other evidence may be accepted by the hearing officer even though it would be inadmissible under the usual rules of court procedures;

(4) Either party may call witnesses from among those individuals specified in paragraph (b)(1) of this section; and

(5) The hearing officer does not have the authority to compel by subpoena the production of witnesses, papers, or other evidence.

§ 488.209 Hearing officer's findings.

(a) Within 30 days of the close of the hearing, the hearing officer will present the findings and recommendations to the accreditation organization or State laboratory program that requested the reconsideration.

(b) The written report of the hearing officer will include—

- (1) Separate numbered findings of fact; and
- (2) The legal conclusions of the hearing officer.

§ 488.211 Final reconsideration determination.

(a) The hearing officer's decision is final unless the Administrator, within 30 days of the hearing officer's decision, chooses to review that decision.

(b) The Administrator may accept, reject or modify the hearing officer's findings.

(c) Should the Administrator choose to review the hearing officer's decision, the Administrator will issue a final reconsideration determination to the accreditation organization or State laboratory program on the basis of the hearing officer's findings and recommendations and other relevant information.

(d) The reconsideration determination of the Administrator is final.

(e) A final reconsideration determination against an accreditation organization or State laboratory program will be published by HCFA in the FEDERAL REGISTER.

Subpart E—Survey and Certification of Long-Term Care Facilities

SOURCE: 59 FR 56238, Nov. 10, 1994, unless otherwise noted.

§ 488.300 Statutory basis.

Sections 1819 and 1919 of the Act establish requirements for surveying SNFs and NFs to determine whether they meet the requirements for participation in the Medicare and Medicaid programs.

§ 488.301 Definitions.

As used in this subpart—

Abbreviated standard survey means a survey other than a standard survey that gathers information primarily through resident-centered techniques on facility compliance with the requirements for participation. An abbreviated standard survey may be premised on complaints received; a change of ownership, management, or director of nursing; or other indicators of specific concern.

Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

Deficiency means a SNF's or NF's failure to meet a participation requirement specified in the Act or in part 483, subpart B of this chapter.

Dually participating facility means a facility that has a provider agreement in both the Medicare and Medicaid programs.

Extended survey means a survey that evaluates additional participation requirements subsequent to finding substandard quality of care during a standard survey.

Facility means a SNF or NF, or a distinct part SNF or NF, in accordance with § 483.5 of this chapter.

Immediate family means husband or wife; natural or adoptive parent, child

or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild.

Immediate jeopardy means a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.

Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Noncompliance means any deficiency that causes a facility to not be in substantial compliance.

Nurse aide means an individual, as defined in § 483.75(e)(1) of this chapter.

Nursing facility (NF) means a Medicaid nursing facility.

Partial extended survey means a survey that evaluates additional participation requirements subsequent to finding substandard quality of care during an abbreviated standard survey.

Skilled nursing facility (SNF) means a Medicare nursing facility.

Standard survey means a periodic, resident-centered inspection which gathers information about the quality of service furnished in a facility to determine compliance with the requirements for participation.

Substandard quality of care means one or more deficiencies related to participation requirements under § 483.13, Resident behavior and facility practices, § 483.15, Quality of life, or § 483.25, Quality of care of this chapter, which constitute either immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.

Substantial compliance means a level of compliance with the requirements of participation such that any identified deficiencies pose no greater risk to

resident health or safety than the potential for causing minimal harm.

Validation survey means a survey conducted by the Secretary within 2 months following a standard survey, abbreviated standard survey, partial extended survey, or extended survey for the purpose of monitoring State survey agency performance.

§ 488.303 State plan requirement.

(a) A State plan must provide that the requirements of this subpart and subpart F of this part are met, to the extent that those requirements apply to the Medicaid program.

(b) A State may establish a program to reward, through public recognition, incentive payments, or both, nursing facilities that provide the highest quality care to Medicaid residents. For purposes of section 1903(a)(7) of the Social Security Act, proper expenses incurred by a State in carrying out such a program are considered to be expenses necessary for the proper and efficient administration of the State plan.

(c) A State must conduct periodic educational programs for the staff and residents (and their representatives) of NFs in order to present current regulations, procedures, and policies under this subpart and subpart F of this part.

(d) Required remedies for a non-State operated NF. A State must establish, in addition to termination of the provider agreement, the following remedies or an approved alternative to the following remedies for imposition against a non-State operated NF:

- (1) Temporary management.
- (2) Denial of payment for new admissions.
- (3) Civil money penalties.
- (4) Transfer of residents.
- (5) Closure of the facility and transfer of residents.
- (6) State monitoring.

(e) Optional remedies for a non-State operated NF. A State may establish the following remedies for imposition against a non-State operated NF:

- (1) Directed plan of correction.
- (2) Directed in-service training.
- (3) Alternative or additional State remedies.

(f) Alternative or additional State remedies. If a State uses remedies that are in addition to those specified in

paragraph (d) or (e) of this section, or alternative to those specified in paragraph (d) of this section (other than termination of participation), it must—

(1) Specify those remedies in the State plan; and

(2) Demonstrate to HCFA's satisfaction that those alternative remedies are as effective in deterring noncompliance and correcting deficiencies as the remedies listed in paragraphs (d) and (e) of this section.

[59 FR 56238, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

§ 488.305 Standard surveys.

(a) For each SNF and NF, the State survey agency must conduct standard surveys that include all of the following:

(1) A case-mix stratified sample of residents;

(2) A survey of the quality of care furnished, as measured by indicators of medical, nursing, and rehabilitative care, dietary and nutrition services, activities and social participation, and sanitation, infection control, and the physical environment;

(3) An audit of written plans of care and residents' assessments to determine the accuracy of such assessments and the adequacy of such plans of care; and

(4) A review of compliance with residents' rights requirements set forth in sections 1819(c) and 1919(c) of the Act.

(b) The State survey agency's failure to follow the procedures set forth in this section will not invalidate otherwise legitimate determinations that a facility's deficiencies exist.

§ 488.307 Unannounced surveys.

(a) *Basic rule.* All standard surveys must be unannounced.

(b) *Review of survey agency's scheduling and surveying procedures.* (1) HCFA reviews on an annual basis each State survey agency's scheduling and surveying procedures and practices to ensure that survey agencies avoid giving notice of a survey through the scheduling procedures and the conduct of the surveys.

(2) HCFA takes corrective action in accordance with the nature and complexity of the problem when survey

agencies are found to have notified a SNF or NF through their scheduling or procedural policies. Sanctions for inadequate survey performance are in accordance with § 488.320.

(c) *Civil money penalties.* An individual who notifies a SNF or NF, or causes a SNF or NF to be notified, of the time or date on which a standard survey is scheduled to be conducted is subject to a Federal civil money penalty not to exceed \$2,000.

§ 488.308 Survey frequency.

(a) *Basic period.* The survey agency must conduct a standard survey of each SNF and NF not later than 15 months after the last day of the previous standard survey.

(b) *Statewide average interval.* (1) The statewide average interval between standard surveys must be 12 months or less, computed in accordance with paragraph (d) of this section.

(2) HCFA takes corrective action in accordance with the nature of the State survey agency's failure to ensure that the 12-month statewide average interval requirement is met. HCFA's corrective action is in accordance with § 488.320.

(c) *Other surveys.* The survey agency may conduct a survey as frequently as necessary to—

(1) Determine whether a facility complies with the participation requirements; and

(2) Confirm that the facility has corrected deficiencies previously cited.

(d) *Computation of statewide average interval.* The statewide average interval is computed at the end of each Federal fiscal year by comparing the last day of the most recent standard survey for each participating facility to the last day of each facility's previous standard survey.

(e) *Special surveys.* (1) The survey agency may conduct a standard or an abbreviated standard survey to determine whether certain changes have caused a decline in the quality of care furnished by a SNF or a NF, within 60 days of a change in the following:

(i) Ownership;

(ii) Entity responsible for management of a facility (management firm);

(iii) Nursing home administrator; or

(iv) Director of nursing.

(2) The survey agency must review all complaint allegations and conduct a standard or an abbreviated standard survey to investigate complaints of violations of requirements by SNFs and NFs if its review of the allegation concludes that—

(i) A deficiency in one or more of the requirements may have occurred; and

(ii) Only a survey can determine whether a deficiency or deficiencies exist.

(3) The survey agency does not conduct a survey if the complaint raises issues that are outside the purview of Federal participation requirements.

§ 488.310 Extended survey.

(a) *Purpose of survey.* The purpose of an extended survey is to identify the policies and procedures that caused the facility to furnish substandard quality of care.

(b) *Scope of extended survey.* An extended survey includes all of the following:

(1) Review of a larger sample of resident assessments than the sample used in a standard survey.

(2) Review of the staffing and in-service training.

(3) If appropriate, examination of the contracts with consultants.

(4) A review of the policies and procedures related to the requirements for which deficiencies exist.

(5) Investigation of any participation requirement at the discretion of the survey agency.

(c) *Timing and basis for survey.* The survey agency must conduct an extended survey not later than 14 calendar days after completion of a standard survey which found that the facility had furnished substandard quality of care.

§ 488.312 Consistency of survey results.

HCFA does and the survey agency must implement programs to measure accuracy and improve consistency in the application of survey results and enforcement remedies.

§ 488.314 Survey teams.

(a) *Team composition.* (1) Surveys must be conducted by a multidisciplinary

team of professionals, which must include a registered nurse.

(2) Examples of professionals include, but are not limited to, physicians, physician assistants, nurse practitioners, physical, speech, or occupational therapists, registered professional nurses, dietitians, sanitarians, engineers, licensed practical nurses, or social workers.

(3) The State determines what constitutes a professional, subject to HCFA approval.

(4) Any of the following circumstances disqualifies a surveyor for surveying a particular facility:

(i) The surveyor currently works, or, within the past two years, has worked as an employee, as employment agency staff at the facility, or as an officer, consultant, or agent for the facility to be surveyed.

(ii) The surveyor has any financial interest or any ownership interest in the facility.

(iii) The surveyor has an immediate family member who has a relationship with a facility described in paragraphs (a)(4)(i) or paragraph (a)(4)(ii) of this section.

(iv) The surveyor has an immediate family member who is a resident in the facility to be surveyed. For purposes of this section, an immediate family member is defined at § 488.301 of this part.

(b) *HCFA training.* HCFA provides comprehensive training to surveyors, including at least the following:

(1) Application and interpretation of regulations for SNFs and NFs.

(2) Techniques and survey procedures for conducting standard and extended surveys.

(3) Techniques for auditing resident assessments and plans of care.

(c) *Required surveyor training.* (1) Except as specified in paragraph (c)(3) of this section, the survey agency may not permit an individual to serve as a member of a survey team unless the individual has successfully completed a training and testing program prescribed by the Secretary.

(2) The survey agency must have a mechanism to identify and respond to in-service training needs of the surveyors.

(3) The survey agency may permit an individual who has not completed a training program to participate in a survey as a trainee if accompanied on-site by a surveyor who has successfully completed the required training and testing program.

[59 FR 56238, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

§ 488.318 Inadequate survey performance.

(a) HCFA considers survey performance to be inadequate if the State survey agency—

- (1) Indicates a pattern of failure to—
 - (i) Identify deficiencies and the failure cannot be explained by changed conditions in the facility or other case specific factors;
 - (ii) Cite only valid deficiencies;
 - (iii) Conduct surveys in accordance with the requirements of this subpart; or
 - (iv) Use Federal standards, protocols, and the forms, methods and procedures specified by HCFA in manual instructions; or
- (2) Fails to identify an immediate jeopardy situation.
- (b) Inadequate survey performance does not—
 - (1) Relieve a SNF or NF of its obligation to meet all requirements for program participation; or
 - (2) Invalidate adequately documented deficiencies.

§ 488.320 Sanctions for inadequate survey performance.

(a) *Annual assessment of survey performance.* HCFA assesses the performance of the State's survey and certification program annually.

(b) *Sanctions for inadequate survey performance.* When a State demonstrates inadequate survey performance, as specified in § 488.318, HCFA notifies the survey agency of the inadequacy and takes action in accordance with paragraphs (c) and (d) of this section.

(c) *Medicaid facilities.* (1) For a pattern of failure to identify deficiencies in Medicaid facilities, HCFA—

- (i) Reduces FFP, as specified in paragraph (e) of this section, and if appropriate;
- (ii) Provides for training of survey teams.

(2) For other survey inadequacies in Medicaid facilities, HCFA provides for training of survey teams.

(d) *Medicare facilities.* For all survey inadequacies in Medicare facilities, HCFA—

- (1) Requires that the State survey agency submit a plan of correction;
- (2) Provides for training of survey teams;
- (3) Provides technical assistance on scheduling and procedural policies;
- (4) Provides HCFA-directed scheduling; or
- (5) Initiates action to terminate the agreement between the Secretary and the State under section 1864 of the Act, either in whole or in part.

(e) *Reduction of FFP.* In reducing FFP for inadequate survey performance, HCFA uses the formula specified in section 1919(g)(3)(C) of the Act, that is 33 percent multiplied by a fraction—

(1) The numerator of which is equal to the total number of residents in the NFs that HCFA found to be noncompliant during validation surveys for that quarter; and

(2) The denominator of which is equal to the total number of residents in the NFs in which HCFA conducted validation surveys during that quarter.

(f) *Appeal of FFP reduction.* When a State is dissatisfied with HCFA's determination to reduce FFP, the State may appeal the determination to the Departmental Appeals Board, using the procedures specified in 45 CFR part 16.

§ 488.325 Disclosure of results of surveys and activities.

(a) *Information which must be provided to public.* As provided in sections 1819(g)(5) and 1919(g)(5) of the Act, the following information must be made available to the public, upon the public's request, by the State or HCFA for all surveys and certifications of SNFs and NFs:

- (1) Statements of deficiencies and providers' comments.
- (2) A list of isolated deficiencies that constitute no actual harm, with the potential for minimal harm.
- (3) Approved plans of correction.
- (4) Statements that the facility did not submit an acceptable plan of correction or failed to comply with the conditions of imposed remedies.

(5) Final appeal results.
(6) Notice of termination of a facility.

(7) Medicare and Medicaid cost reports.

(8) Names of individuals with direct or indirect ownership interest in a SNF or NF, as defined in §420.201 of this chapter.

(9) Names of individuals with direct or indirect ownership interest in a SNF or NF, as defined in §420.201 of this chapter, who have been found guilty by a court of law of a criminal offense in violation of Medicare or Medicaid law.

(b) *Charge to public for information.* HCFA and the State may charge the public for specified services with respect to requests for information in accordance with—

(1) Section 401.140 of this chapter, for Medicare; or

(2) State procedures, for Medicaid.

(c) *How public can request information.* The public may request information in accordance with disclosure procedures specified in 45 CFR part 5.

(d) *When information must be disclosed.* The disclosing agency must make available to the public, upon the public's request, information concerning all surveys and certifications of SNFs and NFs, including statements of deficiencies, separate listings of any isolated deficiencies that constitute no actual harm, with the potential for minimal harm, and plans of correction (which contain any provider response to the deficiency statement) within 14 calendar days after each item is made available to the facility.

(e) *Procedures for responding to requests.* The procedures and time periods for responding to requests are in accordance with—

(1) Section 401.136 of this chapter for documents maintained by HCFA; and

(2) State procedures for documents maintained by the State.

(f) *Information that must be provided to the State's long-term care ombudsman.* The State must provide the State's long-term care ombudsman with the following:

(1) A statement of deficiencies reflecting facility noncompliance, including a separate list of isolated deficiencies that constitute no harm with the potential for minimal harm.

(2) Reports of adverse actions specified at §488.406 imposed on a facility.

(3) Written response by the provider.

(4) A provider's request for an appeal and the results of any appeal.

(g) *Information which must be provided to State by a facility with substandard quality of care.* (1) To provide for the notice to physicians required under sections 1819(g)(5)(C) and 1919(g)(5)(C) of the Act, not later than 10 working days after receiving a notice of substandard quality of care, a SNF or NF must provide the State with a list of—

(i) Each resident in the facility with respect to which such finding was made; and

(ii) The name and address of his or her attending physician.

(2) Failure to disclose the information timely will result in termination of participation or imposition of alternative remedies.

(h) *Information the State must provide to attending physician and State board.* Not later than 20 calendar days after a SNF or NF complies with paragraph (g) of this section, the State must provide written notice of the noncompliance to—

(1) The attending physician of each resident in the facility with respect to which a finding of substandard quality of care was made; and

(2) The State board responsible for licensing the facility's administrator.

(i) *Access to information by State Medicaid fraud control unit.* The State must provide access to any survey and certification information incidental to a SNF's or NF's participation in Medicare or Medicaid upon written request by the State Medicaid fraud control unit established under part 1007, of this title, consistent with current State laws.

[59 FR 56238, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

§ 488.330 Certification of compliance or noncompliance.

(a) *General rules—*(1) *Responsibility for certification.* (i) The State survey agency surveys all facilities for compliance or noncompliance with requirements for long term care facilities. The survey by the State survey agency may be followed by a Federal validation survey.

(A) The State certifies the compliance or noncompliance of non-State operated NFs. Regardless of the State entity doing the certification, it is final, except in the case of a complaint or validation survey conducted by HCFA, or HCFA review of the State's findings.

(B) HCFA certifies the compliance or noncompliance of all State-operated facilities.

(C) The State survey agency certifies the compliance or noncompliance of a non-State operated SNF, subject to the approval of HCFA.

(D) The State survey agency certifies compliance or noncompliance for a dually participating SNF/NF. In the case of a disagreement between HCFA and the State survey agency, a finding of noncompliance takes precedence over that of compliance.

(ii) In the case of a validation survey, the Secretary's determination as to the facility's noncompliance is binding, and takes precedence over a certification of compliance resulting from the State survey.

(2) *Basis for certification.* (i) Certification by the State is based on the survey agency findings.

(ii) Certification by HCFA is based on either the survey agency findings (in the case of State-operated facilities), or, in the case of a validation survey, on HCFA's own survey findings.

(b) *Effect of certification*—(1) *Certification of compliance.* A certification of compliance constitutes a determination that the facility is in substantial compliance and is eligible to participate in Medicaid as a NF, or in Medicare as a SNF, or in Medicare and Medicaid as a dually participating facility.

(2) *Certification of noncompliance.* A certification of noncompliance requires denial of participation for prospective providers and enforcement action for current providers in accordance with subpart F of this part. Enforcement action must include one of the following:

(i) Termination of any Medicare or Medicaid provider agreements that are in effect.

(ii) Application of alternative remedies instead of, or in addition to, termination procedures.

(c) *Notice of certification of noncompliance and resulting action.* The notice of

certification of noncompliance is sent in accordance with the timeframes specified in §488.402(f), and resulting action is issued by HCFA, except when the State is taking the action for a non-State operated NF.

(d) *Content of notice of certification of noncompliance.* The notice of certification of noncompliance is sent in accordance with the timeframes specified in §488.402(f) and includes information on all of the following:

(1) Nature of noncompliance.

(2) Any alternative remedies to be imposed under subpart F of this part.

(3) Any termination or denial of participation action to be taken under this part.

(4) The appeal rights available to the facility under this part.

(5) Timeframes to be met by the provider and certifying agency with regard to each of the enforcement actions or appeal procedures addressed in the notice.

(e) *Appeals.* (1) Notwithstanding any provision of State law, the State must impose remedies promptly on any provider of services participating in the Medicaid program—

(i) After promptly notifying the facility of the deficiencies and impending remedy or remedies; and

(ii) Except for civil money penalties, during any pending hearing that may be requested by the provider of services.

(2) HCFA imposes remedies promptly on any provider of services participating in the Medicare or Medicaid program or any provider of services participating in both the Medicare and Medicaid programs—

(i) After promptly notifying the facility of the deficiencies and impending remedy or remedies; and

(ii) Except for civil money penalties, during any pending hearing that may be requested by the provider of services.

(3) The provisions of part 498 of this chapter apply when the following providers request a hearing on a denial of participation, or certification of noncompliance leading to an enforcement remedy (including termination of the provider agreement), except State monitoring:

(i) All State-operated facilities;

(ii) SNFs and dually participating SNF/NFs; and

(iii) Any other facilities subject to a HCFA validation survey or HCFA review of the State's findings.

(4) The provisions of part 431 of this chapter apply when a non-State operated Medicaid NF, which has not received a HCFA validation survey or HCFA review of the State's findings, requests a hearing on the State's denial of participation, termination of provider agreement, or certification of noncompliance leading to an alternative remedy, except State monitoring.

(f) *Provider agreements.* HCFA or the Medicaid agency may execute a provider agreement when a prospective provider is in substantial compliance with all the requirements for participation for a SNF or NF, respectively.

(g) *Special rules for Federal validation surveys.* (1) HCFA may make independent certifications of a NF's, SNF's, or dually participating facility's noncompliance based on a HCFA validation survey.

(2) HCFA issues the notice of actions affecting facilities for which HCFA did validation surveys.

(3) For non-State-operated NFs and non-State-operated dually participating facilities, any disagreement between HCFA and the State regarding the timing and choice of remedies is resolved in accordance with § 488.452.

(4) Either HCFA or the survey agency, at HCFA's option, may revisit the facility to ensure that corrections are made.

[59 FR 56238, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

§ 488.331 Informal dispute resolution.

(a) *Opportunity to refute survey findings.* (1) For non-Federal surveys, the State must offer a facility an informal opportunity, at the facility's request, to dispute survey findings upon the facility's receipt of the official statement of deficiencies.

(2) For Federal surveys, HCFA offers a facility an informal opportunity, at the facility's request, to dispute survey findings upon the facility's receipt of the official statement of deficiencies.

(b)(1) Failure of the State or HCFA, as appropriate, to complete informal

dispute resolution timely cannot delay the effective date of any enforcement action against the facility.

(2) A facility may not seek a delay of any enforcement action against it on the grounds that informal dispute resolution has not been completed before the effective date of the enforcement action.

(c) If a provider is subsequently successful, during the informal dispute resolution process, at demonstrating that deficiencies should not have been cited, the deficiencies are removed from the statement of deficiencies and any enforcement actions imposed solely as a result of those cited deficiencies are rescinded.

(d) *Notification.* Upon request, HCFA does and the State must provide the facility with written notification of the informal dispute resolution process.

§ 488.332 Investigation of complaints of violations and monitoring of compliance.

(a) *Investigation of complaints.* (1) The State survey agency must establish procedures and maintain adequate staff to investigate complaints of violations of participation requirements.

(2) The State survey agency takes appropriate precautions to protect a complainant's anonymity and privacy, if possible.

(3) If arrangements have been made with other State components for investigation of complaints, the State must have a means of communicating information among appropriate entities, and the State survey agency retains responsibility for the investigation process.

(4) If, after investigating a complaint, the State has reason to believe that an identifiable individual neglected or abused a resident, or misappropriated a resident's property, the State survey agency must act on the complaint in accordance with § 488.335.

(b) *On-site monitoring.* The State survey agency conducts on-site monitoring on an as necessary basis when—

(1) A facility is not in substantial compliance with the requirements and is in the process of correcting deficiencies;

(2) A facility has corrected deficiencies and verification of continued substantial compliance is needed; or

(3) The survey agency has reason to question the substantial compliance of the facility with a requirement of participation.

(c) *Composition of the investigative team.* A State may use a specialized team, which may include an attorney, auditor and appropriate health professionals, to identify, survey, gather and preserve evidence, and administer remedies to noncompliant facilities.

§ 488.334 Educational programs.

A State must conduct periodic educational programs for the staff and residents (and their representatives) of SNFs and NFs in order to present current regulations, procedures, and policies on the survey, certification and enforcement process under this subpart and subpart F of this part.

§ 488.335 Action on complaints of resident neglect and abuse, and misappropriation of resident property.

(a) *Investigation.* (1) The State must review all allegations of resident neglect and abuse, and misappropriation of resident property and follow procedures specified in § 488.332.

(2) If there is reason to believe, either through oral or written evidence that an individual used by a facility to provide services to residents could have abused or neglected a resident or misappropriated a resident's property, the State must investigate the allegation.

(3) The State must have written procedures for the timely review and investigation of allegations of resident abuse and neglect, and misappropriation of resident property.

(b) *Source of complaints.* The State must review all allegations regardless of the source.

(c) *Notification—(1) Individuals to be notified.* If the State makes a preliminary determination, based on oral or written evidence and its investigation, that the abuse, neglect or misappropriation of property occurred, it must notify in writing—

(i) The individuals implicated in the investigation; and

(ii) The current administrator of the facility in which the incident occurred.

(2) *Timing of the notice.* The State must notify the individuals specified in paragraph (c)(1) of this section in writing within 10 working days of the State's investigation.

(3) *Contents of the notice.* The notice must include the—

(i) Nature of the allegation(s);

(ii) Date and time of the occurrence;

(iii) Right to a hearing;

(iv) Intent to report the substantiated findings in writing, once the individual has had the opportunity for a hearing, to the nurse aide registry or appropriate licensure authority;

(v) Fact that the individual's failure to request a hearing in writing within 30 days from the date of the notice will result in reporting the substantiated findings to the nurse aide registry or appropriate licensure authority.

(vi) Consequences of waiving the right to a hearing;

(vii) Consequences of a finding through the hearing process that the alleged resident abuse or neglect, or misappropriation of resident property did occur; and

(viii) Fact that the individual has the right to be represented by an attorney at the individual's own expense.

(d) *Conduct of hearing.* (1) The State must complete the hearing and the hearing record within 120 days from the day it receives the request for a hearing.

(2) The State must hold the hearing at a reasonable place and time convenient for the individual.

(e) *Factors beyond the individual's control.* A State must not make a finding that an individual has neglected a resident if the individual demonstrates that such neglect was caused by factors beyond the control of the individual.

(f) *Report of findings.* If the finding is that the individual has neglected or abused a resident or misappropriated resident property or if the individual waives the right to a hearing, the State must report the findings in writing within 10 working days to—

(1) The individual;

(2) The current administrator of the facility in which the incident occurred; and

(3) The administrator of the facility that currently employs the individual,

if different than the facility in which the incident occurred;

(4) The licensing authority for individuals used by the facility other than nurse aides, if applicable; and

(5) The nurse aide registry for nurse aides. Only the State survey agency may report the findings to the nurse aide registry, and this must be done within 10 working days of the findings, in accordance with §483.156(c) of this chapter. The State survey agency may not delegate this responsibility.

(g) *Contents and retention of report of finding to the nurse aide registry.* (1) The report of finding must include information in accordance with §483.156(c) of this chapter.

(2) The survey agency must retain the information as specified in paragraph (g)(1) of this section, in accordance with the procedures specified in §483.156(c) of this chapter.

(h) *Survey agency responsibility.* (1) The survey agency must promptly review the results of all complaint investigations and determine whether or not a facility has violated any requirements in part 483, subpart B of this chapter.

(2) If a facility is not in substantial compliance with the requirements in part 483, subpart B of this chapter, the survey agency initiates appropriate actions, as specified in subpart F of this part.

[59 FR 56238, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

Subpart F—Enforcement of Compliance for Long-Term Care Facilities with Deficiencies

SOURCE: 59 FR 56243, Nov. 10, 1994, unless otherwise noted.

§ 488.400 Statutory basis.

Sections 1819(h) and 1919(h) of the Act specify remedies that may be used by the Secretary or the State respectively when a SNF or a NF is not in substantial compliance with the requirements for participation in the Medicare and Medicaid programs. These sections also provide for ensuring prompt compliance and specify that these remedies are in addition to any others available under State or Federal law, and, except

for civil money penalties, are imposed prior to the conduct of a hearing.

§ 488.401 Definitions.

As used in this subpart—

New admission means a resident who is admitted to the facility on or after the effective date of a denial of payment remedy and, if previously admitted, has been discharged before that effective date. Residents admitted before the effective date of the denial of payment, and taking temporary leave, are not considered new admissions, nor subject to the denial of payment.

Plan of correction means a plan developed by the facility and approved by HCFA or the survey agency that describes the actions the facility will take to correct deficiencies and specifies the date by which those deficiencies will be corrected.

[59 FR 56243, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

§ 488.402 General provisions.

(a) *Purpose of remedies.* The purpose of remedies is to ensure prompt compliance with program requirements.

(b) *Basis for imposition and duration of remedies.* When HCFA or the State chooses to apply one or more remedies specified in §488.406, the remedies are applied on the basis of noncompliance found during surveys conducted by HCFA or by the survey agency.

(c) *Number of remedies.* HCFA or the State may apply one or more remedies for each deficiency constituting noncompliance or for all deficiencies constituting noncompliance.

(d) *Plan of correction requirement.* (1) Except as specified in paragraph (d)(2) of this section, regardless of which remedy is applied, each facility that has deficiencies with respect to program requirements must submit a plan of correction for approval by HCFA or the survey agency.

(2) *Isolated deficiencies.* A facility is not required to submit a plan of correction when it has deficiencies that are isolated and have a potential for minimal harm, but no actual harm has occurred.

(e) *Disagreement regarding remedies.* If the State and HCFA disagree on the decision to impose a remedy, the disagreement is resolved in accordance with § 488.452.

(f) *Notification requirements*—(1) Except when the State is taking action against a non-State operated NF, HCFA or the State (as authorized by HCFA) gives the provider notice of the remedy, including the—

- (i) Nature of the noncompliance;
- (ii) Which remedy is imposed;
- (iii) Effective date of the remedy; and
- (iv) Right to appeal the determination leading to the remedy.

(2) When a State is taking action against a non-State operated NF, the State's notice must include the same information required by HCFA in paragraph (f)(1) of this section.

(3) *Immediate jeopardy—2 day notice.* Except for civil money penalties and State monitoring imposed when there is immediate jeopardy, for all remedies specified in § 488.406 imposed when there is immediate jeopardy, the notice must be given at least 2 calendar days before the effective date of the enforcement action.

(4) *No immediate jeopardy—15 day notice.* Except for civil money penalties and State monitoring, notice must be given at least 15 calendar days before the effective date of the enforcement action in situations in which there is no immediate jeopardy.

(5) *Latest date of enforcement action.* The 2 and 15-day notice periods begin when the facility receives the notice, but, in no event will the effective date of the enforcement action be later than 20 calendar days after the notice is sent.

(6) *Civil money penalties.* For civil money penalties, the notices must be given in accordance with the provisions of §§ 488.434 and 488.440.

(7) *State monitoring.* For State monitoring, no prior notice is required.

[59 FR 56243, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

§ 488.404 Factors to be considered in selecting remedies.

(a) *Initial assessment.* In order to select the appropriate remedy, if any, to apply to a facility with deficiencies,

HCFA and the State determine the seriousness of the deficiencies.

(b) *Determining seriousness of deficiencies.* To determine the seriousness of the deficiency, HCFA considers and the State must consider at least the following factors:

(1) Whether a facility's deficiencies constitute—

- (i) No actual harm with a potential for minimal harm;
- (ii) No actual harm with a potential for more than minimal harm, but not immediate jeopardy;
- (iii) Actual harm that is not immediate jeopardy; or
- (iv) Immediate jeopardy to resident health or safety.

(2) Whether the deficiencies—

- (i) Are isolated;
- (ii) Constitute a pattern; or
- (iii) Are widespread.

(c) *Other factors which may be considered in choosing a remedy within a remedy category.* Following the initial assessment, HCFA and the State may consider other factors, which may include, but are not limited to the following:

(1) The relationship of the one deficiency to other deficiencies resulting in noncompliance.

(2) The facility's prior history of noncompliance in general and specifically with reference to the cited deficiencies.

§ 488.406 Available remedies.

(a) *General.* In addition to the remedy of termination of the provider agreement, the following remedies are available:

- (1) Temporary management.
- (2) Denial of payment including—
 - (i) Denial of payment for all individuals, imposed by HCFA, to a—
 - (A) Skilled nursing facility, for Medicare;
 - (B) State, for Medicaid; or
 - (ii) Denial of payment for all new admissions.
- (3) Civil money penalties.
- (4) State monitoring.
- (5) Transfer of residents.
- (6) Closure of the facility and transfer of residents.
- (7) Directed plan of correction.
- (8) Directed in-service training.
- (9) Alternative or additional State remedies approved by HCFA.

(b) *Remedies that must be established.* At a minimum, and in addition to termination of the provider agreement, the State must establish the following remedies or approved alternatives to the following remedies:

- (1) Temporary management.
- (2) Denial of payment for new admissions.
- (3) Civil money penalties.
- (4) Transfer of residents.
- (5) Closure of the facility and transfer of residents.
- (6) State monitoring.

(c) *State plan requirement.* If a State wishes to use remedies for noncompliance that are either additional or alternative to those specified in paragraphs (a) or (b) of this section, it must—

- (1) Specify those remedies in the State plan; and
- (2) Demonstrate to HCFA's satisfaction that those remedies are as effective as the remedies listed in paragraph (a) of this section, for deterring noncompliance and correcting deficiencies.

(d) *State remedies in dually participating facilities.* If the State's remedy is unique to the State plan and has been approved by HCFA, then that remedy, as imposed by the State under its Medicaid authority, may be imposed by HCFA against the Medicare provider agreement of a dually participating facility.

[59 FR 56243, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

§ 488.408 Selection of remedies.

(a) *Categories of remedies.* In this section, the remedies specified in § 488.406(a) are grouped into categories and applied to deficiencies according to how serious the noncompliance is.

(b) *Application of remedies.* After considering the factors specified in § 488.404, as applicable, if HCFA and the State choose to impose remedies, as provided in paragraphs (c)(1), (d)(1) and (e)(1) of this section, for facility noncompliance, instead of, or in addition to, termination of the provider agreement, HCFA does and the State must follow the criteria set forth in paragraphs (c)(2), (d)(2), and (e)(2) of this section, as applicable.

(c) *Category 1.* (1) Category 1 remedies include the following:

- (i) Directed plan of correction.
 - (ii) State monitoring.
 - (iii) Directed in-service training.
- (2) HCFA does or the State must apply one or more of the remedies in Category 1 when there—

(i) Are isolated deficiencies that constitute no actual harm with a potential for more than minimal harm but not immediate jeopardy; or

(ii) Is a pattern of deficiencies that constitutes no actual harm with a potential for more than minimal harm but not immediate jeopardy.

(3) Except when the facility is in substantial compliance, HCFA or the State may apply one or more of the remedies in Category 1 to any deficiency.

(d) *Category 2.* (1) Category 2 remedies include the following:

- (i) Denial of payment for new admissions.
- (ii) Denial of payment for all individuals imposed only by HCFA.
- (iii) Civil money penalties of \$50–3,000 per day.

(2) HCFA applies one or more of the remedies in Category 2, or, except for denial of payment for all individuals, the State must apply one or more of the remedies in Category 2 when there are—

(i) Widespread deficiencies that constitute no actual harm with a potential for more than minimal harm but not immediate jeopardy; or

(ii) One or more deficiencies that constitute actual harm that is not immediate jeopardy.

(3) HCFA or the State may apply one or more of the remedies in Category 2 to any deficiency except when—

(i) The facility is in substantial compliance; or

(ii) HCFA or the State imposes a civil money penalty for a deficiency that constitutes immediate jeopardy, the penalty must be in the upper range of penalty amounts, as specified in § 488.438(a).

(e) *Category 3.* (1) Category 3 remedies include the following:

- (i) Temporary management.
- (ii) Immediate termination.
- (iii) Civil money penalties of \$3,050–\$10,000 per day.

(2) When there are one or more deficiencies that constitute immediate jeopardy to resident health or safety—

(i) HCFA does and the State must do one or both of the following:

(A) Impose temporary management; or

(B) Terminate the provider agreement;

(ii) HCFA and the State may impose a civil money penalty of \$3,050–\$10,000 per day, in addition to imposing the remedies specified in paragraph (e)(2)(i) of this section.

(3) When there are widespread deficiencies that constitute actual harm that is not immediate jeopardy, HCFA and the State may impose temporary management, in addition to Category 2 remedies.

(f) *Plan of correction.* (1) Except as specified in paragraph (f)(2) of this section, each facility that has a deficiency with regard to a requirement for long term care facilities must submit a plan of correction for approval by HCFA or the State, regardless of—

(i) Which remedies are imposed; or

(ii) The seriousness of the deficiencies.

(2) When there are only isolated deficiencies that HCFA or the State determines constitute no actual harm with a potential for minimal harm, the facility need not submit a plan of correction.

(g) *Appeal of a certification of non-compliance.* (1) A facility may appeal a certification of noncompliance leading to an enforcement remedy.

(2) A facility may not appeal the choice of remedy, including the factors considered by HCFA or the State in selecting the remedy, specified in § 488.404.

[59 FR 56243, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

§ 488.410 Action when there is immediate jeopardy.

(a) If there is immediate jeopardy to resident health or safety, the State must (and HCFA does) either terminate the provider agreement within 23 calendar days of the last date of the survey or appoint a temporary manager to remove the immediate jeopardy. The rules for appointment of a temporary

manager in an immediate jeopardy situation are as follows:

(1) HCFA does and the State must notify the facility that a temporary manager is being appointed.

(2) If the facility fails to relinquish control to the temporary manager, HCFA does and the State must terminate the provider agreement within 23 calendar days of the last day of the survey, if the immediate jeopardy is not removed. In these cases, State monitoring may be imposed pending termination.

(3) If the facility relinquishes control to the temporary manager, the State must (and HCFA does) notify the facility that, unless it removes the immediate jeopardy, its provider agreement will be terminated within 23 calendar days of the last day of the survey.

(4) HCFA does and the State must terminate the provider agreement within 23 calendar days of the last day of survey if the immediate jeopardy has not been removed.

(b) HCFA or the State may also impose other remedies, as appropriate.

(c)(1) In a NF or dually participating facility, if either HCFA or the State finds that a facility's noncompliance poses immediate jeopardy to resident health or safety, HCFA or the State must notify the other of such a finding.

(2) HCFA will or the State must do one or both of the following:

(i) Take immediate action to remove the jeopardy and correct the non-compliance through temporary management.

(ii) Terminate the facility's participation under the State plan. If this is done, HCFA will also terminate the facility's participation in Medicare if it is a dually participating facility.

(d) The State must provide for the safe and orderly transfer of residents when the facility is terminated.

(e) If the immediate jeopardy is also substandard quality of care, the State survey agency must notify attending physicians and the State board responsible for licensing the facility administrator of the finding of substandard quality of care, as specified in § 488.325(h).

[59 FR 56243, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

§ 488.412 Action when there is no immediate jeopardy.

(a) If a facility's deficiencies do not pose immediate jeopardy to residents' health or safety, and the facility is not in substantial compliance, HCFA or the State may terminate the facility's provider agreement or may allow the facility to continue to participate for no longer than 6 months from the last day of the survey if—

(1) The State survey agency finds that it is more appropriate to impose alternative remedies than to terminate the facility's provider agreement;

(2) The State has submitted a plan and timetable for corrective action approved by HCFA; and

(3) The facility in the case of a Medicare SNF or the State in the case of a Medicaid NF agrees to repay to the Federal government payments received after the last day of the survey that first identified the deficiencies if corrective action is not taken in accordance with the approved plan of correction.

(b) If a facility does not meet the criteria for continuation of payment under paragraph (a) of this section, HCFA will and the State must terminate the facility's provider agreement.

(c) HCFA does and the State must deny payment for new admissions when a facility is not in substantial compliance 3 months after the last day of the survey.

(d) HCFA terminates the provider agreement for SNFs and NFs, and stops FFP to a State for a NF for which participation was continued under paragraph (a) of this section, if the facility is not in substantial compliance within 6 months of the last day of the survey.

[59 FR 56243, Nov. 10, 1994; 60 FR 50118, Sept. 28, 1995]

§ 488.414 Action when there is repeated substandard quality of care.

(a) *General.* If a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys, as defined in § 488.305, regardless of other remedies provided—

(1) HCFA imposes denial of payment for all new admissions, as specified in § 488.417, or denial of all payments, as specified in § 488.418;

(2) The State must impose denial of payment for all new admissions, as specified in § 488.417; and

(3) HCFA does and the State survey agency must impose State monitoring, as specified in § 488.422, until the facility has demonstrated to the satisfaction of HCFA or the State, that it is in substantial compliance with all requirements and will remain in substantial compliance with all requirements.

(b) *Repeated noncompliance.* For purposes of this section, repeated noncompliance is based on the repeated finding of substandard quality of care and not on the basis that the substance of the deficiency or the exact tag number for the deficiency was repeated.

(c) *Standard surveys to which this provision applies.* Standard surveys completed by the State survey agency on or after October 1, 1990, are used to determine whether the threshold of three consecutive standard surveys is met.

(d) *Program participation.* (1) The determination that a certified facility has repeated instances of substandard quality of care is made without regard to any variances in the facility's program participation (that is, any standard survey completed for Medicare, Medicaid or both programs will be considered).

(2) Termination would allow the count of repeated substandard quality of care surveys to start over.

(3) Change of ownership. (i) A facility may not avoid a remedy on the basis that it underwent a change of ownership.

(ii) In a facility that has undergone a change of ownership, HCFA does not and the State may not restart the count of repeated substandard quality of care surveys unless the new owner can demonstrate to the satisfaction of HCFA or the State that the poor past performance no longer is a factor due to the change in ownership.

(e) *Facility alleges corrections or achieves compliance after repeated substandard quality of care is identified.* (1) If a penalty is imposed for repeated substandard quality of care, it will continue until the facility has demonstrated to the satisfaction of HCFA or the State that it is in substantial compliance with the requirements and

that it will remain in substantial compliance with the requirements for a period of time specified by HCFA or the State.

(2) A facility will not avoid the imposition of remedies or the obligation to demonstrate that it will remain in compliance when it—

(i) Alleges correction of the deficiencies cited in the most recent standard survey; or

(ii) Achieves compliance before the effective date of the remedies.

§ 488.415 Temporary management.

(a) *Definition.* Temporary management means the temporary appointment by HCFA or the State of a substitute facility manager or administrator with authority to hire, terminate or reassign staff, obligate facility funds, alter facility procedures, and manage the facility to correct deficiencies identified in the facility's operation.

(b) *Qualifications.* The temporary manager must—

(1) Be qualified to oversee correction of deficiencies on the basis of experience and education, as determined by the State;

(2) Not have been found guilty of misconduct by any licensing board or professional society in any State;

(3) Have, or a member of his or her immediate family have, no financial ownership interest in the facility; and

(4) Not currently serve or, within the past 2 years, have served as a member of the staff of the facility.

(c) *Payment of salary.* The temporary manager's salary—

(1) Is paid directly by the facility while the temporary manager is assigned to that facility; and

(2) Must be at least equivalent to the sum of the following—

(i) The prevailing salary paid by providers for positions of this type in what the State considers to be the facility's geographic area;

(ii) Additional costs that would have reasonably been incurred by the provider if such person had been in an employment relationship; and

(iii) Any other costs incurred by such a person in furnishing services under such an arrangement or as otherwise set by the State.

(3) May exceed the amount specified in paragraph (c)(2) of this section if the State is otherwise unable to attract a qualified temporary manager.

(d) *Failure to relinquish authority to temporary management—*(1) *Termination of provider agreement.* If a facility fails to relinquish authority to the temporary manager as described in this section, HCFA will or the State must terminate the provider agreement in accordance with § 488.456.

(2) *Failure to pay salary of temporary manager.* A facility's failure to pay the salary of the temporary manager is considered a failure to relinquish authority to temporary management.

(e) *Duration of temporary management.* Temporary management ends when the facility meets any of the conditions specified in § 488.454(c).

§ 488.417 Denial of payment for all new admissions.

(a) *Optional denial of payment.* Except as specified in paragraph (b) of this section, HCFA or the State may deny payment for all new admissions when a facility is not in substantial compliance with the requirements, as defined in § 488.401, as follows:

(1) *Medicare facilities.* In the case of Medicare facilities, HCFA may deny payment to the facility.

(2) *Medicaid facilities.* In the case of Medicaid facilities—

(i) The State may deny payment to the facility; and

(ii) HCFA may deny payment to the State for all new Medicaid admissions to the facility.

(b) *Required denial of payment.* HCFA does or the State must deny payment for all new admissions when—

(1) The facility is not in substantial compliance, as defined in § 488.401, 3 months after the last day of the survey identifying the noncompliance; or

(2) The State survey agency has cited a facility with substandard quality of care on the last three consecutive standard surveys.

(c) *Resumption of payments: Repeated instances of substandard quality of care.* When a facility has repeated instances of substandard quality of care, payments to the facility or, under Medicaid, HCFA payments to the State on

behalf of the facility, resume on the date that—

(1) The facility achieves substantial compliance as indicated by a revisit or written credible evidence acceptable to HCFA (for all facilities except non-State operated NFs against which HCFA is imposing no remedies) or the State (for non-State operated NFs against which HCFA is imposing no remedies); and

(2) HCFA (for all facilities except non-State operated NFs against which HCFA is imposing no remedies) or the State (for non-State operated NFs against which HCFA is imposing no remedies) believes that the facility is capable of remaining in substantial compliance.

(d) *Resumption of payments: No repeated instances of substandard quality of care.* When a facility does not have repeated instances of substandard quality of care, payments to the facility or, under Medicaid, HCFA payments to the State on behalf of the facility, resume prospectively on the date that the facility achieves substantial compliance, as indicated by a revisit or written credible evidence acceptable to HCFA (under Medicare) or the State (under Medicaid).

(e) *Restriction.* No payments to a facility or, under Medicaid, HCFA payments to the State on behalf of the facility, are made for the period between the date that the—

(1) Denial of payment remedy is imposed; and

(2) Facility achieves substantial compliance, as determined by HCFA or the State.

[59 FR 56243, Nov. 10, 1994; 60 FR 50119, Sept. 28, 1995]

§ 488.418 Secretarial authority to deny all payments.

(a) *HCFA option to deny all payment.* If a facility has not met a requirement, in addition to the authority to deny payment for all new admissions as specified in § 488.417, HCFA may deny any further payment for all Medicare residents in the facility and to the State for all Medicaid residents in the facility.

(b) *Prospective resumption of payment.* Except as provided in paragraphs (d) and (e) of this section, if the facility

achieves substantial compliance, HCFA resumes payment prospectively from the date that it verifies as the date that the facility achieved substantial compliance.

(c) *Restriction on payment after denial of payment is imposed.* If payment to the facility or to the State resumes after denial of payment for all residents, no payment is made for the period between the date that—

(1) Denial of payment was imposed; and

(2) HCFA verifies as the date that the facility achieved substantial compliance.

(d) *Retroactive resumption of payment.* Except when a facility has repeated instances of substandard quality of care, as specified in paragraph (e) of this section, when HCFA or the State finds that the facility was in substantial compliance before the date of the revisit, or before HCFA or the survey agency received credible evidence of such compliance, payment is resumed on the date that substantial compliance was achieved, as determined by HCFA.

(e) *Resumption of payment—repeated instances of substandard care.* When HCFA denies payment for all Medicare residents for repeated instances of substandard quality of care, payment is resumed when—

(1) The facility achieved substantial compliance, as indicated by a revisit or written credible evidence acceptable to HCFA; and

(2) HCFA believes that the facility will remain in substantial compliance.

§ 488.422 State monitoring.

(a) A State monitor—

(1) Oversees the correction of deficiencies specified by HCFA or the State survey agency at the facility site and protects the facility's residents from harm;

(2) Is an employee or a contractor of the survey agency;

(3) Is identified by the State as an appropriate professional to monitor cited deficiencies;

(4) Is not an employee of the facility;

(5) Does not function as a consultant to the facility; and

(6) Does not have an immediate family member who is a resident of the facility to be monitored.

(b) A State monitor must be used when a survey agency has cited a facility with substandard quality of care deficiencies on the last 3 consecutive standard surveys.

(c) State monitoring is discontinued when—

(1) The facility has demonstrated that it is in substantial compliance with the requirements, and, if imposed for repeated instances of substandard quality of care, will remain in compliance for a period of time specified by HCFA or the State; or

(2) Termination procedures are completed.

[59 FR 56243, Nov. 10, 1994; 60 FR 50119, Sept. 28, 1995]

§ 488.424 Directed plan of correction.

HCFA, the State survey agency, or the temporary manager (with HCFA or State approval) may develop a plan of correction and HCFA, the State, or the temporary manager require a facility to take action within specified timeframes.

§ 488.425 Directed inservice training.

(a) *Required training.* HCFA or the State agency may require the staff of a facility to attend an inservice training program if—

(1) The facility has a pattern of deficiencies that indicate noncompliance; and

(2) Education is likely to correct the deficiencies.

(b) *Action following training.* After the staff has received inservice training, if the facility has not achieved substantial compliance, HCFA or the State may impose one or more other remedies specified in § 488.406.

(c) *Payment.* The facility pays for directed inservice training.

[59 FR 56243, Nov. 10, 1994; 60 FR 50119, Sept. 28, 1995]

§ 488.426 Transfer of residents, or closure of the facility and transfer of residents.

(a) *Transfer of residents, or closure of the facility and transfer of residents in an emergency.* In an emergency, the State has the authority to—

(1) Transfer Medicaid and Medicare residents to another facility; or

(2) Close the facility and transfer the Medicaid and Medicare residents to another facility.

(b) *Required transfer when a facility's provider agreement is terminated.* When the State or HCFA terminates a facility's provider agreement, the State arranges for the safe and orderly transfer of all Medicare and Medicaid residents to another facility.

[59 FR 56243, Nov. 10, 1994; 60 FR 50119, Sept. 28, 1995]

§ 488.430 Civil money penalties: Basis for imposing penalty.

(a) HCFA or the State may impose a civil money penalty for the number of days a facility is not in substantial compliance with one or more participation requirements, regardless of whether or not the deficiencies constitute immediate jeopardy.

(b) HCFA or the State may impose a civil money penalty for the number of days of past noncompliance since the last standard survey, including the number of days of immediate jeopardy.

§ 488.432 Civil money penalties: When penalty is collected.

(a) *When facility requests a hearing.* (1) A facility must request a hearing on the determination of the noncompliance that is the basis for imposition of the civil money penalty within the time specified in one of the following sections:

- (i) Section 498.40 of this chapter for a
 - (A) SNF;
 - (B) Dually participating facility;
 - (C) State-operated NF; or
 - (D) Non-State operated NF against which HCFA is imposing remedies.

(ii) Section 431.153 of this chapter for a non-State operated NF that is not subject to imposition of remedies by HCFA.

(2) If a facility requests a hearing within the time specified in paragraph (a)(1) of this section, HCFA or the State initiates collection of the penalty when there is a final administrative decision that upholds HCFA's or the State's determination of noncompliance after the facility achieves substantial compliance or is terminated.

(b) *When facility does not request a hearing.* If a facility does not request a hearing, in accordance with paragraph (a) of this section, HCFA or the State initiates collection of the penalty when the facility—

- (1) Achieves substantial compliance; or
- (2) Is terminated.

(c) *When facility waives a hearing.* If a facility waives its right to a hearing in writing, as specified in § 488.436, HCFA or the State initiates collection of the penalty when the facility—

- (1) Achieves substantial compliance; or
- (2) Is terminated.

(d) Accrual and computation of penalties for a facility that—

(1) Requests a hearing or does not request a hearing are specified in § 488.440;

(2) Waives its right to a hearing in writing, are specified in §§ 488.436(b) and 488.440.

(e) The collection of civil money penalties is made as provided in § 488.442.

[59 FR 56243, Nov. 10, 1994; 60 FR 50119, Sept. 28, 1995]

§ 488.434 Civil money penalties: Notice of penalty.

(a) *HCFA notice of penalty.* (1) HCFA sends a written notice of the penalty to the facility for all facilities except non-State operated NFs when the State is imposing the penalty.

(2) *Content of notice.* The notice that HCFA sends includes—

- (i) The nature of the noncompliance;
- (ii) The statutory basis for the penalty;
- (iii) The amount of penalty per day of noncompliance;
- (iv) Any factors specified in § 488.438(f) that were considered when determining the amount of the penalty;
- (v) The date on which the penalty begins to accrue;
- (vi) When the penalty stops accruing;
- (vii) When the penalty is collected; and
- (viii) Instructions for responding to the notice, including a statement of the facility's right to a hearing, and the implication of waiving a hearing, as provided in § 488.436.

(b) *State notice of penalty.* (1) The State must notify the facility in accordance with State procedures for all non-State operated NFs when the State takes the action.

(2) The State's notice must—

- (i) Be in writing; and
- (ii) Include, at a minimum, the information specified in paragraph (a)(2) of this section.

[59 FR 56243, Nov. 10, 1994; 60 FR 50119, Sept. 28, 1995]

§ 488.436 Civil money penalties: Waiver of hearing, reduction of penalty amount.

(a) *Waiver of a hearing.* The facility may waive the right to a hearing, in writing, within 60 days from the date of the notice of intent to impose the civil money penalty.

(b) *Reduction of penalty amount.* (1) If the facility waives its right to a hearing in accordance with the procedures specified in paragraph (a) of this section, HCFA or the State reduces the civil money penalty amount by 35 percent.

(2) If the facility does not waive its right to a hearing in accordance with the procedures specified in paragraph (a) of this section, the civil money penalty is not reduced by 35 percent.

§ 488.438 Civil money penalties: Amount of penalty.

(a) *Amount of penalty.* The penalties are within the following ranges, set at \$50 increments:

(1) *Upper range—\$3,050–\$10,000.* Penalties in the range of \$3,050–\$10,000 per day are imposed for deficiencies constituting immediate jeopardy, and as specified in paragraph (d)(2) of this section.

(2) *Lower range—\$50–\$3,000.* Penalties in the range of \$50–\$3,000 per day are imposed for deficiencies that do not constitute immediate jeopardy, but either caused actual harm, or caused no actual harm, but have the potential for more than minimal harm.

(b) *Basis for penalty amount.* The amount of penalty is based on HCFA's or the State's assessment of factors listed in paragraph (f) of this section.

(c) *Decreased penalty amounts.* Except as specified in paragraph (d)(2) of this

section, if immediate jeopardy is removed, but the noncompliance continues, HCFA or the State will shift the penalty amount to the lower range.

(d) *Increased penalty amounts.* (1) Before the hearing, HCFA or the State may propose to increase the penalty amount for facility noncompliance which, after imposition of a lower level penalty amount, becomes sufficiently serious to pose immediate jeopardy.

(2) HCFA does and the State must increase the penalty amount for any repeated deficiencies for which a lower level penalty amount was previously imposed, regardless of whether the increased penalty amount would exceed the range otherwise reserved for non-immediate jeopardy deficiencies.

(3) Repeated deficiencies are deficiencies in the same regulatory grouping of requirements found at the last survey, subsequently corrected, and found again at the next survey.

(e) *Review of the penalty.* When an administrative law judge or State hearing officer (or higher administrative review authority) finds that the basis for imposing a civil money penalty exists, as specified in § 488.430, the administrative law judge or State hearing officer (or higher administrative review authority) may not—

(1) Set a penalty of zero or reduce a penalty to zero;

(2) Review the exercise of discretion by HCFA or the State to impose a civil money penalty; and

(3) Consider any factors in reviewing the amount of the penalty other than those specified in paragraph (f) of this section.

(f) *Factors affecting the amount of penalty.* In determining the amount of penalty, HCFA does or the State must take into account the following factors:

(1) The facility's history of noncompliance, including repeated deficiencies.

(2) The facility's financial condition.

(3) The factors specified in § 488.404.

(4) *The facility's degree of culpability.* Culpability for purposes of this paragraph includes, but is not limited to, neglect, indifference, or disregard for resident care, comfort or safety. The absence of culpability is not a mitigat-

ing circumstance in reducing the amount of the penalty.

§ 488.440 Civil money penalties: Effective date and duration of penalty.

(a) *When penalty begins to accrue.* The civil money penalty may start accruing as early as the date that the facility was first out of compliance, as determined by HCFA or the State.

(b) *Duration of penalty.* The civil money penalty is computed and collectible, as specified in §§ 488.432 and 488.442, for the number of days of noncompliance until the date the facility achieves substantial compliance, or, if applicable, the date of termination when—

(1) HCFA's or the State's decision of noncompliance is upheld after a final administrative decision;

(2) The facility waives its right to a hearing in accordance with § 488.436; or

(3) The time for requesting a hearing has expired and HCFA or the State has not received a hearing request from the facility.

(c) The entire accrued penalty is due and collectible, as specified in the notice sent to the provider under paragraphs (d) and (e) of this section.

(d) When a facility achieves substantial compliance, HCFA does or the State must send a separate notice to the facility containing—

(1) The amount of penalty per day;

(2) The number of days involved;

(3) The total amount due;

(4) The due date of the penalty; and

(5) The rate of interest assessed on the unpaid balance beginning on the due date, as provided in § 488.442.

(e) In the case of a terminated facility, HCFA does or the State must send this penalty information after the—

(1) Final administrative decision is made;

(2) Facility has waived its right to a hearing in accordance with § 488.436; or

(3) Time for requesting a hearing has expired and HCFA or the state has not received a hearing request from the facility.

(f) *Accrual of penalties when there is no immediate jeopardy.* (1) In the case of noncompliance that does not pose immediate jeopardy, the daily accrual of civil money penalties is imposed for the days of noncompliance prior to the

notice specified in § 488.434 and an additional period of no longer than 6 months following the last day of the survey.

(2) After the period specified in paragraph (f)(1) of this section, if the facility has not achieved substantial compliance, HCFA terminates the provider agreement and the State may terminate the provider agreement.

(g) *Accrual of penalties when there is immediate jeopardy.* (1) When a facility has deficiencies that pose immediate jeopardy, HCFA does or the State must terminate the provider agreement within 23 calendar days after the last day of the survey if the immediate jeopardy remains.

(2) The accrual of the civil money penalty stops on the day the provider agreement is terminated.

(h) *Documenting substantial compliance.* (1) If an on-site revisit is necessary to confirm substantial compliance and the provider can supply documentation acceptable to HCFA or the State agency that substantial compliance was achieved on a date preceding the revisit, penalties only accrue until that date of correction for which there is written credible evidence.

(2) If an on-site revisit is not necessary to confirm substantial compliance, penalties only accrue until the date of correction for which HCFA or the State receives and accepts written credible evidence.

§ 488.442 Civil money penalties: Due date for payment of penalty.

(a) *When payments are due—*(1) *After a final administrative decision.* A civil money penalty payment is due 15 days after a final administrative decision is made when—

(i) The facility achieves substantial compliance before the final administrative decision; or

(ii) The effective date of termination occurs before the final administrative decision.

(2) *When no hearing was requested.* A civil money penalty payment is due 15 days after the time period for requesting a hearing has expired and a hearing request was not received when—

(i) The facility achieved substantial compliance before the hearing request was due; or

(ii) The effective date of termination occurs before the hearing request was due.

(3) *After a request to waive a hearing.* A civil money penalty payment is due 15 days after receipt of the written request to waive a hearing when—

(i) The facility achieved substantial compliance before HCFA or the State received the written waiver of hearing; or

(ii) The effective date of termination occurs before HCFA or the State received the written waiver of hearing.

(4) *After substantial compliance is achieved.* A civil money penalty payment is due 15 days after substantial compliance is achieved when—

(i) The final administrative decision is made before the facility came into substantial compliance;

(ii) The facility did not file a timely hearing request before it came into substantial compliance; or

(iii) The facility waived its right to a hearing before it came into substantial compliance;

(5) *After the effective date of termination.* A civil money penalty payment is due 15 days after the effective date of termination, if before the effective date of termination—

(i) The final administrative decision was made;

(ii) The time for requesting a hearing has expired and the facility did not request a hearing; or

(iii) The facility waived its right to a hearing.

(6) In the cases specified in paragraph (a)(4) of this section, the period of non-compliance may not extend beyond 6 months from the last day of the survey.

(b) *Deduction of penalty from amount owed.* The amount of the penalty, when determined, may be deducted from any sum then or later owing by HCFA or the State to the facility.

(c) *Interest—*(1) *Assessment.* Interest is assessed on the unpaid balance of the penalty, beginning on the due date.

(2) *Medicare interest.* Medicare rate of interest is the higher of—

(i) The rate fixed by the Secretary of the Treasury after taking into consideration private consumer rates of interest prevailing on the date of the notice of the penalty amount due (published quarterly in the FEDERAL REGISTER by HHS under 45 CFR 30.13(a)); or

(ii) The current value of funds (published annually in the FEDERAL REGISTER by the Secretary of the Treasury, subject to quarterly revisions).

(3) *Medicaid interest.* The interest rate for Medicaid is determined by the State.

(d) *Penalties collected by HCFA.* Civil money penalties and corresponding interest collected by HCFA from—

(1) Medicare-participating facilities are deposited as miscellaneous receipts of the United States Treasury; and

(2) Medicaid-participating facilities are returned to the State.

(e) *Collection from dually participating facilities.* Civil money penalties collected from dually participating facilities are deposited as miscellaneous receipts of the United States Treasury and returned to the State in proportion commensurate with the relative proportions of Medicare and Medicaid beds at the facility actually in use by residents covered by the respective programs on the date the civil money penalty begins to accrue.

(f) *Penalties collected by the State.* Civil money penalties collected by the State must be applied to the protection of the health or property of residents of facilities that the State or HCFA finds noncompliant, such as—

(1) Payment for the cost of relocating residents to other facilities;

(2) State costs related to the operation of a facility pending correction of deficiencies or closure; and

(3) Reimbursement of residents for personal funds or property lost at a facility as a result of actions by the facility or by individuals used by the facility to provide services to residents.

[59 FR 56243, Nov. 10, 1994; 60 FR 50119, Sept. 28, 1995]

§ 488.444 Civil money penalties: Settlement of penalties.

(a) HCFA has authority to settle cases at any time prior to a final administrative decision for Medicare-only SNFs, State-operated facilities, or

other facilities for which HCFA's enforcement action prevails, in accordance with § 488.330.

(b) The State has the authority to settle cases at any time prior to the evidentiary hearing decision for all cases in which the State's enforcement action prevails.

§ 488.450 Continuation of payments to a facility with deficiencies.

(a) *Criteria.* (1) HCFA may continue payments to a facility not in substantial compliance for the periods specified in paragraph (c) of this section if the following criteria are met:

(i) The State survey agency finds that it is more appropriate to impose alternative remedies than to terminate the facility;

(ii) The State has submitted a plan and timetable for corrective action approved by HCFA; and

(iii) The facility, in the case of a Medicare SNF, or the State, in the case of a Medicaid NF, agrees to repay the Federal government payments received under this provision if corrective action is not taken in accordance with the approved plan and timetable for corrective action.

(2) HCFA or the State may terminate the SNF or NF agreement before the end of the correction period if the criteria in paragraph (a)(1) of this section are not met.

(b) *Cessation of payments.* If termination is not sought, either by itself or along with another remedy or remedies, or any of the criteria set forth in paragraph (a)(1) of this section are not met or agreed to by either the facility or the State, the facility or State will receive no Medicare or Federal Medicaid payments, as applicable, from the last day of the survey.

(c) *Period of continued payments.* If the conditions in paragraph (a)(1) of this section are met, HCFA may continue payments to a Medicare facility or to the State for a Medicaid facility with noncompliance that does not constitute immediate jeopardy for up to 6 months from the last day of the survey.

(d) *Failure to achieve substantial compliance.* If the facility does not achieve substantial compliance by the end of

the period specified in paragraph (c) of this section,

(1) HCFA will—

(i) Terminate the provider agreement of the Medicare SNF in accordance with § 488.456; or

(ii) Discontinue Federal funding to the SNF for Medicare; and

(iii) Discontinue FFP to the State for the Medicaid NF.

(2) The State may terminate the provider agreement for the NF.

[59 FR 56243, Nov. 10, 1994; 60 FR 50119, Sept. 28, 1995]

§ 488.452 State and Federal disagreements involving findings not in agreement in non-State operated NFs and dually participating facilities when there is no immediate jeopardy.

The following rules apply when HCFA and the State disagree over findings of noncompliance or application of remedies in a non-State operated NF or dually participating facility:

(a) *Disagreement over whether facility has met requirements.* (1) The State's finding of noncompliance takes precedence when—

(i) HCFA finds that a NF or a dually participating facility is in substantial compliance with the participation requirements; and

(ii) The State finds that a NF or dually participating facility has not achieved substantial compliance.

(2) HCFA's findings of noncompliance take precedence when—

(i) HCFA finds that a NF or a dually participating facility has not achieved substantial compliance; and

(ii) The State finds that a NF or a dually participating facility is in substantial compliance with the participation requirements.

(3) When HCFA's survey findings take precedence, HCFA may—

(i) Impose any of the alternative remedies specified in § 488.406;

(ii) Terminate the provider agreement subject to the applicable conditions of § 488.450; and

(iii) Stop FFP to the State for a NF.

(b) *Disagreement over decision to terminate.* (1) HCFA's decision to terminate the participation of a facility takes precedence when—

(i) Both HCFA and the State find that the facility has not achieved substantial compliance; and

(ii) HCFA, but not the State, finds that the facility's participation should be terminated. HCFA will permit continuation of payment during the period prior to the effective date of termination not to exceed 6 months, if the applicable conditions of § 488.450 are met.

(2) The State's decision to terminate a facility's participation and the procedures for appealing such termination, as specified in § 431.153(c) of this chapter, takes precedence when—

(i) The State, but not HCFA, finds that a NF's participation should be terminated; and

(ii) The State's effective date for the termination of the NF's provider agreement is no later than 6 months after the last day of survey.

(c) *Disagreement over timing of termination of facility.* The State's timing of termination takes precedence if it does not occur later than 6 months after the last day of the survey when both HCFA and the State find that—

(1) A facility is not in substantial compliance; and

(2) The facility's participation should be terminated.

(d) *Disagreement over remedies.* (1) When HCFA or the State, but not both, establishes one or more remedies, in addition to or as an alternative to termination, the additional or alternative remedies will also apply when—

(i) Both HCFA and the State find that a facility has not achieved substantial compliance; and

(ii) Both HCFA and the State find that no immediate jeopardy exists.

(2) *Overlap of remedies.* When HCFA and the State establish one or more remedies, in addition to or as an alternative to termination, only the HCFA remedies apply when both HCFA and the State find that a facility has not achieved substantial compliance.

(e) Regardless of whether HCFA's or the State's decision controls, only one noncompliance and enforcement decision is applied to the Medicaid agreement, and for a dually participating facility, that same decision will apply to the Medicare agreement.

§ 488.454 Duration of remedies.

(a) Except as specified in paragraph (b) of this section, alternative remedies continue until—

(1) The facility has achieved substantial compliance, as determined by HCFA or the State based upon a revisit or after an examination of credible written evidence that it can verify without an on-site visit; or

(2) HCFA or the State terminates the provider agreement.

(b) In the cases of State monitoring and denial of payment imposed for repeated substandard quality of care, remedies continue until—

(1) HCFA or the State determines that the facility has achieved substantial compliance and is capable of remaining in substantial compliance; or

(2) HCFA or the State terminates the provider agreement.

(c) In the case of temporary management, the remedy continues until—

(1) HCFA or the State determines that the facility has achieved substantial compliance and is capable of remaining in substantial compliance;

(2) HCFA or the State terminates the provider agreement; or

(3) The facility which has not achieved substantial compliance re-assumes management control. In this case, HCFA or the State initiates termination of the provider agreement and may impose additional remedies.

(d) If the facility can supply documentation acceptable to HCFA or the State survey agency that it was in substantial compliance, and was capable of remaining in substantial compliance, if necessary, on a date preceding that of the revisit, the remedies terminate on the date that HCFA or the State can verify as the date that substantial compliance was achieved and the facility demonstrated that it could maintain substantial compliance, if necessary.

[59 FR 56243, Nov. 10, 1994; 60 FR 50119, Sept. 28, 1995]

§ 488.456 Termination of provider agreement.

(a) *Effect of termination.* Termination of the provider agreement ends—

(1) Payment to the facility; and

(2) Any alternative remedy.

(b) *Basis for termination.* (1) HCFA and the State may terminate a facility's provider agreement if a facility—

(i) Is not in substantial compliance with the requirements of participation, regardless of whether or not immediate jeopardy is present; or

(ii) Fails to submit an acceptable plan of correction within the time-frame specified by HCFA or the State.

(2) HCFA and the State terminate a facility's provider agreement if a facility—

(i) Fails to relinquish control to the temporary manager, if that remedy is imposed by HCFA or the State; or

(ii) Does not meet the eligibility criteria for continuation of payment as set forth in § 488.412(a)(1).

(c) *Notice of termination.* Before terminating a provider agreement, HCFA does and the State must notify the facility and the public—

(1) At least 2 calendar days before the effective date of termination for a facility with immediate jeopardy deficiencies; and

(2) At least 15 calendar days before the effective date of termination for a facility with non-immediate jeopardy deficiencies that constitute noncompliance.

(d) *Procedures for termination.* (1) HCFA terminates the provider agreement in accordance with procedures set forth in § 489.53 of this chapter; and

(2) The State must terminate the provider agreement of a NF in accordance with procedures specified in parts 431 and 442 of this chapter.

PART 489—PROVIDER AGREEMENTS AND SUPPLIER APPROVAL**Subpart A—General Provisions**

Sec.

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